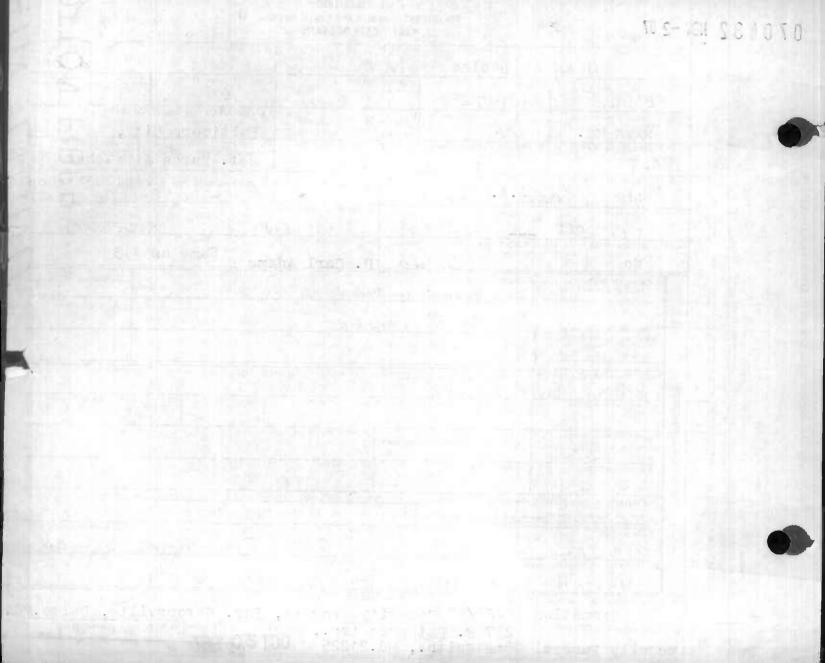
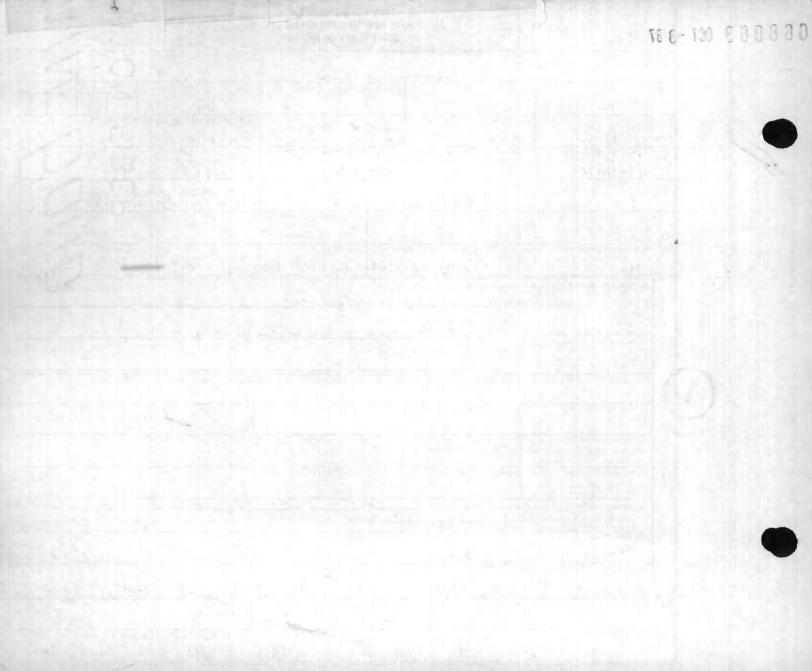
Lope	1	,	FOR		DEPAR		OF MARYLAND EALTH AND MENTAL HYG	IENE 8 7	8
70757		1 -	REGISTRAR DOROTHY	M. ADAMS		CERTIF	ICATE OF DEATH	REG. NO.	
* " #	H.C	DEC	CAREBYAME FAST  DOR		M		AT AM	20. DATE OF DEATH MONTHE	29 '87 6.5 M
poge 3	3	SEX		4 RACE	M.C.	15 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
ge 4 nrs ofte			FEMALE	WHIT	E E	DECE	MBER 21, 1923	63 YRS	MONTHS DAYS HOURS MIN.
2 99 4	1	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF V	VHAT COUNTRY	(? B.	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
1 17 1-	1		IARYLAND TY OR TOWN OF DEATH	U.S.		WIDOWE	DIVORCED DIVORCED	BALTIMORE C	ITY MD.
4 27 4	2	Æ	BALTIMORE	DEATON	MEDICAL	CENTE		HOUSEWIFE .	
filled in	4	15U A 30 S	RESIDENCE (IF NURSING HOME OF LATE AND 136 COUNTY A	OTHER INSTITUTION	BALTIMO	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP COD 611 S. CHARLES	STREET 21230
1 651	-	4 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM		LAST
1 COX	1		WILLIAM VAS DECEASED EVER IN U.S. AR	E.	GLA:	SSER	CATHERINI 17 INFORMANT	E MARIE	HUEG
( 31)	4	N		E WAR OR DATES)	217-18		NEIL W. ADAN	5555 HUNTIN 4S ELLICOTT CI	G HORN DRIVE TY, MD. 21043
	F		18 CAUSE OF DEATH (Enter or	nly one couse per l	ine for tal, (b), o	and to 1		A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
440		N	PART I. DE ATH WAS CAUSE IMMEDIA	TE CAUSE (o)	Lardy	opuls	vorcery Us	rest.	
the contract of	1			DUE TO, OR	AS A CONSEQ	UENCE OF			
d to other	-	7	Conditions, if ony, which gove rise to immediate	(b)					
office of the	1		couse (o), stoting the underlying couse lost	DUE TO, OR	AS A CONSEO	UENCE OF			
to burg a plant, or		NO	PART 2. OTHER SIGNIFICANT	reper	NTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1 (c.
hos bearing the property of th	7		190 DATE OF OPERATION	196 CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \( \text{NO} \)
1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		O	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
OS STORE	1	MEDICAL	(IF EITHER, NOTIFY MEDIC ALEXAMINE	P.A		19			
other the but hed or hed or hed or		MED	ZId. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY ET, FACTORY, OFFICE	E, FARM, ETC )	211. LOCATION STREET	CITY OF TOWN	COUNTY STATE
PADIN OF A	1	S	22a.   certify that (I) (this hosp	tol) attended the	deceased from		8 19.87	_ to Odoha 29	, 19_87, that (I) (we) lost
ATTE Ospita FCTC of for in of	4		sow the deceased alive on above, (1) (we) (did) (did no 22b SIGNATUPE	t view the body o	ofter deoth.		nd that in (my) (aur) apinion of the DEGREE	death occurred on the date and ha	our and from the couses stated
AL DIR AL DIR AL DIR AL DIR AL DIR			teo. Ma	iteny			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/30/87
retoined by TO FUNER should be do with the Sta			22d. PHYSUEIAN'S NAME (TYPE OF	Martine	Z		611 S. Ch	arles St. BAI	LTIMORE MD
-	2	30. B	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	1		BURIAL	11/2/	87	MT. OL		BALTIMORE  E RECED BY REGISTRAR VA REGIS	MARYLANI
DHMH - 16 60M 7/84 (VRA 15, 4)	ľ	LE 16	ROYMEN & RUSSE 30 EDMONDSON A	VENGE, WI	TZKENFU	NERAL H	HOMES P. A NOV	03 1987 Julia	Dendery - Landons

0.0					FOR			I	DEPARTA	AENT OF		AND MI		YGIEN	E	2	8.	i i	3
681	16	I OCT	-8		STATE REGISTRAR			ME	DICALE	XAMIN	ER'S C	ERTIFIC	CATEO	F DEA	TH	REG. NO	o. •		
			-1-1		CEASED NAME	FIRST		-	WIDDLE			LAST			20. DATE K	NOWN [3	MONTH	DAY YEA	R 25 HOUR
		38 S. S. F.		(ITP	E OR PRINT!	Elair	ne		E.		Ac	lains			OF DEATH /	MATED	10/	3/ 198	7
		A CHIEF		3 SEX	4. RAC	E	5 DATE OF	BIRTH		6. AGE (IN YE		DER 1 YR	IF UNDER	24 HRS.	2c. DATE		MONTH	DAY YE	
		ESSARY, PLEASE ERAL DIRECTOR. DR YOUR FILES. THIN 72 HOURS RESTON STREET.			female	black	монтн 11	2	1938	48 YE		S DAYS	HOURS	MIN	PRONOUNC	ED	10/	3/ 198	7 12:00 P M
		SAL	9 1	7a. BI	RTHPLACE ISTATE OR				AT COUN		0	ED XXNE	/ED DDII		9 BALTIMO	RE CITY O	R COUNT	Y OF DEATH	1 1 1/1
		FUNERAL FUNERAL 5 FOR YO D, WITHIN		FO	REIGN COUNTRY)		U	SA			WIDOW	-	DIVORCE		Balti	more	City		MD
		N. S. W.	-	10. CI	TY OR TOWN OF DE	ATH	11. NAME	OF HOS		SING HOME				12n USU	AL OCCUPA	TION (TYPE	OF WORK	126 KIND OF	BUSINESS
-	2	PAGE SAGE	6		Baltimo		Lib	erty	Medi	cal C				Une	mp loy	ed		OR INDU	STRY
100	11201	ANY DANY DANNE DETAIN	25	13a S	L RESIDENCE (IF IN NO.	13b. COUNT		UTION, GIV	113c CITY	SEFORE ADMISSION TOWN	)N)	13d INSIDE CI	ITY LIMITS?	13e STR	129 T	Sark !	Heigh	ts Ave	15 nue
	9	# CON		14. FA	THER'S NAME							15. MOTHE	R'S MAIDE						
	2	E-20	Y	1	FIRST		MIDDLE		L	AST		Anna	IRST 1		MID	DIE		Coop	er
	MOR	2 4 2 - 7	-	16a. V	VAS DECEASED EVER	IN U.S. ARA	NED FORCE	5?	166. SOC	IAL SECURITY	NO.	17 INFORM	MANT	- 3		ADDRESS			
	BALTIMORE	JRS AFTER D S. GIVE PAC WITH FOR T. PAGES 1 DIVISION O		(4	NO. OR UNKNOWN]	(IF YES, GIVE V	VAR OR DATES)		215-	74-775	4	Char	les L	Ad	ams,S	r 412	9 Par	k Heig	ints Ave
	T., 8	3 m > F			18 CAUSE OF DEAT													BETWEEN OF	ATE INTERVAL
	S N	24 HOUR TEM 18. ONG W PERMIT.	AL.	14	PARTIDEATH	IMMEDIAT	E CAUSE (a			sive i		ioscl	eroti	c Ca	rdiova	scula	ar Dis	sease	
1	25		O <sub>X</sub>	1.5	C - I'M I		DUE	TO, OR	AS A CON	SEOUENCE (	OF .							1000	
TN	10	A SERVICE	2 RE	3.	Canditians, if gave rise ta	immediate	) (b	/	17										
B	7	HOULD BE EXECUTED WITHIN TO "PENCIL IN HIEF MEDICAL EXAMINER AL USED AS A BURBAL - TRANSIT OF HEALTH AND MENTAL HY	N, OR REMOVAL.		lying cause last		DUE	TO, OR	AS A CON	SEQUENCE	OF .								
-	2.	EXECUTED NG" IN PRICAL EXAM	TIO		PART 2 OTHER SIGNIFICAN	IT CONDITIONS O	ONTRIBUTING I		NIT NOT BELA	IO TO THE YERM	NAL OICEAC	OR CONOUNCE	L CHIEN IN OLD						
	RECORDS	D BE EXECT PENDING" MEDICAL D AS A BUR	SEW.	Z	THAT E GINER SIGNIFICATION	T COMBITTON 3	ONIKIOGIMO	O OLKIN I	FOI HOI KELAI	EU IU INE IEKM	MAL DISEASE	OK COMULITOR	N GIVEN IN PAR	11 1 10).					
		PEN MEN	<u></u>	CERTIFICATION	19a. DATE OF OPER	ATION	19b	CONDIT	ION FOR V	VHICH OPER	ATION W	AS PERFOR	MED?	-		27	and it	20 AUTOP	5Y?
	¥	SHOUL ORD "F CHIEF TOF HE	URIA	TER	2.6-1.3%													YES [	NO I
	DIVISION OF VITAL	FICATE S THE WO O THE OULD BE	0 0	SE SE	210 EXTERNAL CAU		21b.	TIME OF	INJURY MONTH	DAY YEAR	21c. HC	OW INJURY	OCCURRE	DENTERN	ATURE OF INJUI	RY IN ITEM 18 P	PART 1 OR PAR	T 2)	-65
	NO	CERTIFICATE ITING THE W DED TO THE 3 SHOULD E DEPARTMEN	3		UNDERLYING CONTRIBUTING	OR Cause of D		P.M.	MONTH	19									
	VISIO	TING TING 3 SH	<u>8</u>	MEDICAL	21d INJURY OCCUR	RED			OF INJURY	(AT HOME.		CATION			CITY OR TOW		cou	is in	STATE
	ā	WRII WRII WARD	120	>	WHILE NOT AT WORK	VORK		REET, FRET	ON 1, 1 ARM, C1	e.(		TREET			CITTORTOW		COU	NIT	SIAIE
		ATE, TATE, ORW.	0,2	10	220. I certify that	I rook charge	of the rem	ains des	subed abar	e held an	Autap	sy 🔲,	Inspection	X,	Inquiry [	], an	d in my api	inian	
	37	NE HOL	\$		death resulted from	Hone	ol courses [	X.	Accident	, Su	cide	, Hamic			rmined man				
		38988	AR		/	11/	1	11	10			TITLE (SI	PECIFY)						
		NEST P	* = = = = = = = = = = = = = = = = = = =		SIGNATURE	n	sty 1	1/	00/		M	D. Ass	istan	t MEDI	CALEXAMI	VER	DATE	10	/4/87
		TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WOI PACE SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PACE 3 SHOULD BE AFTER DEATH WITH STATE DEPARTMENT.	WOW		EXAMINER'S NAME	Cha	rloc	D I	/olroa	M.D.			111	Don	n C+	Dell		v.a 21	201
		OAKO	- ALT	22- 01	(TYPE OR PRINT)			P. [				ADDRESS_						Md. 21	201
	27.45		a.	230.B	JRIAL, CREMATION, PECIFY) Burial	EMOVAL 23	10/8.	/87		ng Men				CITY C	CATION PRIOWN andall	stawn	COUN	TY	Md
	07/84 25M	BP	-	24 FI	INERAL DIRECTOR		10/0,		11/1	ng nen	101 14			_	REGISTRAR			GNATURE	110
		DHMH - 1 (VR A15 ME		Wm	. C. Marci	n F/H	West	ADDRESS	Maha	ch A.			OCT	- 6	1987			on. Rand	alle
				_	- 1101 01	/	MC36	TUUU	_wang	ZIT HAE	nue_					1			

T.			FOR-	DFPAR		F MARYLAND LTH AND MENTAL HYGII	ENE 8 7	28.	5 5
07	0 4 3 2 NO	1-2	STATE REGISTRAR	DEI AR		ATE OF DEATH	REG. NO		
		1. DEC	EASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	ONTH DAY YEAR	
	ay be age 3 death	(TYPE	DR PRINT) HELE	N Louise	ADI	4 M S	10.26.8	7	4:50PM
	may r, Pag	3. SEX		4. RACE	5. DATE OF I	BIRTH YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAY	
	4 00	1	FEMALE	WHITE	T T	7 18	69	YRS.	
-	Page direct		THPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR		
	in 72		XXXX Md.	USA	WIDOWED [	DIVORCED [	Baltimor	e City.	MD. D OF BUSINESS OR.
500	by the fu	P	SALT.		EN . I	TOSP.	Ret. Nui	se & Tea	Cher City
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	filled in ould be	USU A 13a. S	TATE 136 COUR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO A A BALL	T.	YES I NO	13e STREET ADDRESS /	VIEW D	02 Schools R ZO90
SYLA	A Stelly	II FA	THER'S NAME	MIDDLE LAST	15	MOTHER'S MAIDEN NAM	MIDDLE		LAST
MA	completel	/_	FRITZOIT	DORS		ITELEN	ADDRES	ANDER	520VI
ORE,		16a. W		MED FORCES? 16b. SOCIAL SE	CURITY NO.	7 INFORMANT	Same	as #13	
TIM	on and as. Page		No	413301		H. Carl Ada	ams		RÖXIMATE INTERVAL EEN ONSET AND DEATH
BAL	hysici pope laval.		PART I. DEATH WAS CAUSE		1	uhre		BETWE	EN ONSE! AND DEATH
IST.	9000		IMMEDIA	TE CAUSE 107		Clock			
10	equires that the death ce in signed by the attendin Then please remove carb ta burial, crematian, or injury, or other troumatic		Conditions, if any, which	DUE TO, OR AS A CONSEC	CANI	CER			
PRES	ne at motic		gove rise to immediate	DUE TO, OR AS A CONSEC					
` ≥	by the		underlying cause last.	((c)					
201	igned igned buria buria		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVEN IN PAR	Tiro
RDS	The rinjur	S S	cirrhosis, L	WER FAILURE		WAS BEREGOWER	20a AUTOPSY?	20b. IF YES, WERE FIN	ND INGS LISED
ECO	S been s been s sony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED		IN CERTIFYING CAU	ISES OF DEATH?
ALR	The lo	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURE	YES NO P		
F V	SICIAN: The physical physical certificate in indictrons them 18 should be seen as them 18 should be seen as them 18 should be seen as the		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR				
ON	PHYSICIAN: The li ending physician. this certificate has he burial-transit per nd Mental Hygiene d ar item 18 shows	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	211 LOCATION	CITY OR TO	wn COUNTY	STATE
/ISIO	or offending After this e as the bualth and Manarked ar	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC )	ZIMEEL	CITY ON 10		
ā	or o or o se as se		22a.1 certify that (1) (this has	pital) attended the deceased from	m 10.2	. 19 87		26 19 8-	that (1) (ve) last
	Pital TTEN TOR for u		sow the deceased alive a	n 10 · 2 6 · 19 ot) view the body after death.	X+, and	that in (my) (out) opinion	death accurred on the do		
1	DIRECT DORECT Dept. of		22h SIGNATURE	2	Di	EGREE ATTENDING	MEDICAL _ STAF		. 26.87
9	Y the XAL D detoc detoc Dote D		Mariant	Jones, MD	,	PHYSICIAN [	DIRECTOR PHYSIC	IAN D 10	. 26.07
	HOSPII bined b bould be th the Si		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	H. P.L.S	RAT (	CENI. HAC	P.	
	TO HOSPITAL of the retained by the TO FUNERAL By should be deto with the Stote Elimphorary: #		MARIAN	FONG MI	),	METERY OR CREMATORY	23d LOCATION		
			BURIAL, CREMATION, REMOVA (SPECIFY) Cremati			y Process,	inc. Cate	onsville,	Balto .Md
	BP	24 F	UNERAL DIRECTOR		tapsco	AVE . 25a DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIG	NATURE
	DHMH - 16 60M 7/84 (VRA 15, 4)			al Home Balto			T30 1987	Julia Devido	er. Kandallo
	(444 12, 4)	1,1	OCALLY I WILLIAM	21					



0.000 000	Item 1/,Film G632 FOR per fune	nr.	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL	HYGIENE 7 2	8 0 6 1
8063 OCT -	3 87 STATE per Tune	at nome	CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH MONTH	DAY YEAR 76 HOUR
43 be	(TYPE OR PRINT) Rot	ert Nathan	.:0 Ad-	10	2 87 9:10 AM
pode deat	3. SEX	4 RACE	15 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
offe	AA		MONTH DAY YEAR	1.0	MONTHS DAYS HOURS MIN.
age and a	7a. BIRTHPLACE (STATE OR FOREIGN	Black	10 29 17		RS
7. Polo	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	BALTIMORE CITY OR COL	INTY OF DEATH
A S S S S S S S S S S S S S S S S S S S	N.C	USA	WIDOWED DIVORCED		City Mo
6	Baltimore	(IF NOT IN SUCH FACILITY, GIV		172 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR INDUSTRY
hour hour	USUAL RESIDENCE (IF NURSING HOM 130. STATE. 136. CO				21201
in 24 h ly filled should k	MA 138 CC		R TOWN  13d. INSIDE CITY LIMIT:  YES NO   15. MOTHER'S MAIDEN	716 N. Ch	
mplete and 2	Robert	MIDDLE A	dans 13. MOTHER SMAIDEN	WIDDLE	LAST
5 5 5	16a WAS DECEASED EVER IN U.S.		L SECURITY NO. 17 INFORMANT	ADDRESS	
on ond or s. Poges	(YES, NO, OR UNKNOWN) (IF YES	GIVE WAR OR DATES) 240	-20-5362 Charles	Adams 1619 +	font MONTPELIER ST.
ysici oper val. rt, th	18 CAUSE OF DEATH (Enter PART ), DEATH WAS CAU	only one couse per line for (a),	(b), and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rtific on p emo		TATE CAUSE (0) COLE	110 pulmonary acrest	and the same of	
ding or r		DUE TO, OR AS A CON	ISEQUENCE OF		
deal otter ove ation,	Conditions, if any, which	( 16) reftac	for y acute non lymphosy	itic leckaria.	
the remo	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	,		
to the part of the	underlying couse last.	(c)			All the teaching
San Cal	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
117	19g DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PERFORMED	70g AUTOPSY? 70b. 1	F YES, WERE FINDINGS USED
o : 0	FIG			_ NC	ERTIFYING CAUSES OF DEATH?
sicia pote pote primisit ygie	210. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY	21c HOW INJURY OF	CURRED (ENTER NATURE OF INJURY IN ITE	YES NO
PHYSICIAN: TI ending physicia this certificate the buriol-fronsit and Mentol Hygin dor Item 18 sh	OR CO. WARRING CO.	DEATH HOUR A.M. MONT	H DAY YEAR	COMMEN TENTER INCIDENT IN THE	TO CART CONTART E)
HYSIC ding ding is cer burid Meni	(IF EITHER, NOTIFY MEDICAL EXAM	P.M. 21e PLACE OF INJURY	19 211 10CATION		
offer this street of the brand A and	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Z Air		spital) attended the deceased		7 , to Oct 2	, that (I) (we) lost
ATTENDI Sspital a CTOR. A d for use of Heol	sow the deceased alive above, (1) (we) (did) (did	on G A 2 not) view the body after death.	19 87, and that in (my) (our) april	nion death occurred on the date and	hour and from the causes stated
he be ter	27b. SIGNATURE		DEGREE		22c. DATE SIGNED
the the order	Branda W.	can my	ATTENDIN PHYSICIA		10/2/87
TO HOSPITAL retained by th TO FUNERAL should be dete with the State IMPORTANT: H	224. PHYSICIAN'S NAME (TY	PE OR PRINT)	22e. ADDRESS	Just Distance of D	1072704
TO HOSPIT TO FUNER should be with the Sit	Brenda W.	Cooper. MD	University of	FMD and Ct.	Balt MD 2001
Sp v Sp To	23a. BURIAL, CREMATION, REMOV		23c NAME OF CEMETERY OR CREMATO		1201
BP	(SPECIFY) Burial	10/8/87	Arbutus Memorial P	k Arbutus	COUNTY STATE Md
01	24 FUNERAL DIRECTOR			DATÉ REC'D. BY REGISTRAR 256 RE	
DHMH - 16 60M 7/84		/H West 4300 %	DRESS AVANUA		lia Devideon. Rendale
(VRA 15, 4)	mine of march i	11 ME2 1 4300 N	vanasii Avellue	0 190/ 190	AND MANOREN - Kentanone



								ARYLAND	0	7	0	0		
	1-	FOR STATE						AND MENT	AL HYGIEN	NE/	600	9	0 _	
		REGISTRAR		MED		EXAMIN	ER'S C	ERTIFICAT	E OF DE		REG. NO.		- 51 3	
70549 NOV -3	1 8/	CEASED NAME	FIRST		MIDDLE			IAST		20 DATE KI	NOWN X	MONTH	DAY YEAR,	25 HOUR
ET S.S. S. ET ,			SYL	/IA			A	DAMS		DEATH A	AATED [	10	27 1987	M
A STATE OF S	3 SE	X	4 RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEA			NDER 24 HRS	26. DATE		MONTH	DAY YEAR	2d HOUR
N S T S T S T S T S T S T S T S T S T S	F	emale	Black	1 1	45	42 YR		5 DAYS HOU	RS MIN	PRONOUNC DEAD	ED	10	27 1987	7:15
S S S S S S S S S S S S S S S S S S S		IRTHPLACE (5)	ATE OR	76 CITIZEN OF WH	AT COUN	ITRY?	8. MADDIE	D NEVER A	AADDIED V	9 BALTIMO	RE CITY OF	COUNTY	OF DEATH	
WD, 21201  H. IF ANY DELAY IS NECESSARY, REASE 7, AND 3 TO THE FUNERAL DIRECTOR. C. 7, AND 3 TO THE FUNERAL DIRECTOR. C. 5, SHOULD BE FILED, WITHIN 72 HOURS.  ALL RECORDS, 201 W. PRETON STREET,  ALL RECORDS, 20	1		Md	USA			WIDOWI		ORCED	Balti	more (	City		MD
W. W. S.	10 C	ITY OR TOWN	OF DEATH	11. NAME OF HOSE			OR OTHE	R INSTITUTION		UAL OCCUPA	TION (TYPE		OR INDUSTR	
A PARK	Ba	altimor	9	Maryland		_	spita	al	FOR	MOST OF WORKIN	AG LIFE)		OK INDUSTR	1
A A S A S A S A S A S A S A S A S A S A		AL RESIDENCE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, GIVE	RESIDENCE	BEFORE ADMISSIO	N)	13d. INSIDE CITY LIM	ura ha cre	NEET ADDRESS				
ZIZON RETAND	130	Md.	138. COUN	II Y	Bal	timore		YES X NO	5 4	719 Del	aware	e Ave	212	15
ORE, MD.	14. F	ATHER'S NAME		WIDDLE				15. MOTHER'S A		E				
- F-500	J	ohn		Ada	ams	LAST		Ivory	03000	MIDE	)lt	Lov	P LAST	
NS ORAGO	16a. \	WAS DECEASED	DEVER IN U.S. AR	MED FORCES?		CIAL SECURITY	NO.	17 INFORMANT			ADDRESS			
URS AFTER DEA B. GIVE PAGES WITH FORM P T. PAGES I AN DIVISION DEM		NO. OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	214	-62-81	96	Robert	Adams	1	215 S	later	Road	
		18 CAUSE O	F DEATH (Enter on ATH WAS CAUSE	ly ane cause per line f	ar (a), (b	), and (c).)	100						APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
I HOI EM J NG ERMI ERMI EENE,		PARTIDE	IMMEDIA	TE CAUSE (a)	ocar	dial in	farc	t						
PRESTON ITHIN 24 H CIL IN ITEM VER ALON ALR HOUSEN REMOVAL		4-3		DUE TO, OR	AS A CON	NSEQUENCE C	F							
AL YEAR			ns, if any, which ie to immediate	(b) Hy	pert	ensive	arte	riosclei	cotic c	ardiov	ascula	ar di	sease	
PENC AMINI OR R	100	cause (a) lying cau	stating the under-	DUE TO, OR	AS A CON	SEQUENCE C	F							
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	7	PART 2 OTNER SE	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT REL	ATED TO THE TERMI	NAL OISEASE	OR CONDITION GIVE	IN PART 1 (a)					
MED BE CREE	CERTIFICATION	19a DATE OF	OPERATION											
SHOULD ORD "PE CHIEF A LEUSED	No.	190 DATE OF	OPERATION	196 CONDITI	ON FOR	WHICH OPERA	ATION WA	AS PERFORMED					20 AUTOPSY?	
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NAME OF THE WAR		UNDERLYING	OR	HOUR A.M.		DAY YEAR	Zic. HO	W INJURY OCC	URRED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART	2)	
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PAGE 12020		AT WORK	AT WORK								1000			
DIVISION OF VITAL REG L EXAMINER: THIS CERTIFICATE SHOULD R E CERTIFICATE, WRITING THE WORD "PEN DULD BE FORWARDED TO THE CHIEF M AL DIRECTOR: PAGE 3 SHOULD BE USED A H. WITH THE STATE DEPARTMENT OF HEAM WARYLAND, 21201 PRIOR TO BURIAL, CI	li	22a. I certi	y that I took charg	ge of the remains desc	ribed abo	ove, held an	Autaps	y X , Insp	pectian .	Inquiry [	ond	I in my apin	ion	
MIN		death result	ed fram: Natur	ral causes X,	Accident	, Suit	ide 🔲,	Hamicide	. Under	termined mani	ner .			
EXAL CERTION DID B WITH	190	ACTUAL	An	1				TITLE (SPECIF					10 20	0.7
¥¥£¥¥. V¥¥¥¥¥		ACTUAL SIGNATURE.	W X	10			M.:	Deputy	Chief	HCAL EXAMIN	VER	DATE SIGNED.	10-28	-8 /
MEDICAL CUTE THE SE 4 SHO FUNERAL TIMORE,		EXAMINERS	NAME 7	N Diana	2.0 D			111	Domin	Ct D	-11-	240	21201	
TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL TO FUNEMAL V. BAUTIMORE, M.		(TYPE OR PRI	AIIII	M. Dixon,				TO DIRECTO	L Penn		alto.	, MD	21201	
E02149	23a.B	Burial al	TION, REMOVAL 2			NAME OF CEN			23d. LC	OCATION OR TOWN	8.4	COUNTY	STA	ATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCHENE 067825 OCT DECEASED NAME TO DATE KNOWN KI MONTH (TYPE OR PRINT) OF ESTI-William Adams 87 AGE IN YEARS | IF UNDER 1 YR. 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 59 DEAD 2/19 87 MALE RT. ACK To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City. WIDOWED DIVORCED CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Baltimore E. 43rd Street RETIRED JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 801 E 43 STREET 21212 MD BALTIMORE 4. FATHER'S NAME MIDDLE TSACIC ADAMS CAREY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) NO 240-44-2623 SEDONIA ADAMS 801 E. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Fatty Change of Liver IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Chronic Alcoholism gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES 🔯 NO [ SHOULD BE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY PAGE 4 SHOUID BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 22a I certify that I was a marge of the remains described above, held an Autopsy Inspection deoth resulted from Homicide .... Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 10/3/87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto, Md. 21201 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY RANDALLSTOWN STMD BURIAL 0/7/87 KING MEM. PK. CEM. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** MARCH F/H INC. 1101 E. NORTH AVE (VR A15 ME (5))

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	DIVISION OF VITAL RECORDS, 201 W. PRESTON S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 H	TING THE WORD "PENDING" IN PENCIL IN TE DED TO THE CHIEF MEDICAL EXAMINER ALOI 3 SHOULD BE USED AS A BURIAL - TRANSIT PER DEPARTMENT OF HEATH AND MEDIAL HYGIES	\$	-	PART 2 OTNER SIG				ATEO TO THE TERMI	NAL OISEAS	SE OR CONDITION GIVEN IN P	ART 1 (g).					
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	NO N	THE W	2	ALC	UNDERLYING	OR NG CAUSE OF I			DAY YEAR								
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700,00	NIN.	E # D = :	3		death resulte	d from Natur	di kouses XI.	Accident	, Suid	ide 🗌	Homicide .	Undetermin	ned monner	].			
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	AFDI	L 4 C	Q N	-	EXAMINER'S	NAME (	Charles P	. Kok	es. M.D		ADDRESS 111	Penn St	treet.F	alto.	.MD 2	1201	
	TO	EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FORWARDED TO FUNERAL WITH THE STATE DEPARENCE FOR THE STATE FOR THE ST	BAL	23a.B	URIAL, CREMAT	ION, REMOVAL 2					OR CREMATORY	123d LOCAT	ION				
07/		BP		15	Buri		10/27/87				ial Park	Laur		cc	YTAU	Mo	
25/		DHMH - 17		24. FI	UNERAL DIREC		ADDRES:		1100			REC'D. BY REG	SISTRAR 256-F	EGISTRARIS		RE	
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067	95	58	01
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be CO retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages, 1 ghd 2 should be filed within 72 hours after death.	with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.  [MPORTAN]: If them 21 is marked or them 18 shows any injury, or other troumatic event the medical explanation be applied on once.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

SECSISTAR  SECSISTAR  SECSISTAR  ALBERGO  3. SEX  Male  White  11-15-97  ALBERGO  3. DATE OF BRITH  SEGNOLITIES OF PRAIL  ALBERGO  3. DATE OF BRITH  SECSNOLITIES OF SECSION  SECSION  ALBERGO  3. DATE OF BRITH  SECSNOLITIES OF SECSION  SECSION  SECSION  ALBERGO  3. DATE OF BRITH  SECSNOLITIES OF SECSION  S
RUGGIERO  ALBERGO  AGRIFACTOR SLAND AND ALBERDO  BALTIMORE  BALTIMO
Male  White  11 - 15 - 97  89  VRS  Notice Death  Notice Date of Birth  Month  Day  14 RACE  White  11 - 15 - 97  89  VRS  Notice Date of Birth  Notice Date  89  VRS  Notice Date  Notice
Male  White  11-15-97  89  YRS.  MONTHS DATS POURS  11-15-97  89  YRS.  MARRIED   NEVER MARRIED   PART LOCUMENTY OF DEATH  WIDOWED   NEVER MARRIED   PART LOCUMENTY OF DEATH  U.S.  WIDOWED   DIVORCED   PARTILIDADE CITY OF COUNTY OF DEATH  U.S.  WIDOWED   DIVORCED   PARTILIDADE CITY OF COUNTY OF DEATH  U.S.  WIDOWED   DIVORCED   PARTILIDADE CITY OF COUNTY OF DEATH  USUAL RESIDENCE (IF NUMBS MORE OR CITHER INSTITUTION COUNTY OF DEATH  USUAL RESIDENCE (IF NUMBS MORE OR CITHER INSTITUTION)  WIDOWED   DIVORCED   PARTILIDADE CITY LIMITS?  USUAL RESIDENCE (IF NUMBS MORE OR CITHER INSTITUTION)  WIDOWED   DIVORCED   PARTILIDADE CITY LIMITS?  USUAL RESIDENCE (IF NUMBS MORE OR CITHER INSTITUTION)  WIDOWED   DIVORCED   PARTILIDADE CITY LIMITS?  WIDOWED   PARTILIDADE CITY LIMITS?
Tealy   U.S.
Italy   U.S.   MIDOWED   DWORCED   BALTIMORE
Italy  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  120. USUAL OCCUPATION  (1) FOR YORK FORMOST OF WORK
10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IP NOT IN SUCH FACILITY, ONE SIREET ADDRESS)  12. WINDON MEMORIAL HOSPITAL  USUAL RESIDENCE (IP NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) 13. STATE  13. STATE  13. COUNTY  13. CITY OR TOWN  13. CITY OR TOWN  13. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE  4017 Parkside  14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. WAS DECEASED EVER IN U.S. ARMED FORCES?
BALTTMORE CITY UNION MEMORIAL HOSPITAL  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  Maryland  131. COUNTY  132. CITY OR TOWN  Baltimore  14. FATHER'S NAME  FIRST  MIDDLE  LAST  15. MOTHER'S MAIDEN NAME  FIRST  MIDDLE  LAST  160. WAS DECEASED EVER IN U.S. ARMED FORCES?  161. WAS DECEASED EVER IN U.S. ARMED FORCES?  160. WAS DECEASED EVER IN U.S. ARMED FORCES?  160. WAS DECEASED EVER IN U.S. ARMED FORCES?  161. WAS DECEASED EVER IN U.S. ARMED FORCES?  160. WAS DECEASED
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Maryland  Baltimore  YES NO 4017 Parkside Drive  14 FATHER'S NAME  INDUM  15 MOTHER'S MAIDEN NAME  FIRST  MIDDLE  LAST  160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO GY NKNOWN)  (IF YES, GIVE WAR OR DAIES)  656-09-4876 Fdna B. W. Son Holder Drakside Drive  18 CAUSE OF DEATH LEnter only one couse per line for 101, (b), and IC  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost  PART 2 QTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to
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160 WAS DECEASED EVER IN U.S. ARMED FORCES?   160 SOCIAL SECURITY NO. 17 INFORMANT   ADDRESS
(YES, NO OR YNKNOWN)  (IF YES, GIVE WAR OR DATES)  656-09-4876 Fd no B Wilson 4017 Parkside Driver of the form of the following of the following couse per line for 101, (b), and ic.  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) Sepsis  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (c) PART 2 QTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 201 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO
IN CERTIFYING CAUSES OF DEATH YES NO YES NO NO
TEST NOT THE NOTE OF THE PROPERTY OF THE PROPE
210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY INITEM 18 PART 1 OR PART 2)
HOUR AM MONTH DAY YEAR
TO CONTRIBUTING CAUSE OF DEATH  IFEETHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  21e PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STR
216 PLACE OF INJURY  AT MORE STREET, FACTORY, OFFICE, FARM ETC.)  210 PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)  211 LOCATION  STREET  CITY OR TOWN  COUNTY  STA
270 Certify that (1) (this haspital) attended the deceased from Sept 25, 1987, to OCTOBER 5, 1987, that (1) Kin
sow the deceased alive an OCTOBEN 5 19 87 . and that in (my Tour) opinion death occurred on the date and hour and from the causes state above [1] [we] [did] (did not) view the body after death.
276. SIGNATURE DEGREE 270. DATE SIGNED
Scott MD ATTENDING MEDICAL STAFF 10/5/8
224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS
SCOTT RIFKIN, M.D. UNION MEMORIAL HOSPITAL
The state of the s
236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION
236 BURIAL, CREMATION, REMOVAL 236. DATE 10-87 COLOR LEVEL 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CHYOROWN PLOUNTY

DHMH - 16 60M (VRA 15, 4)

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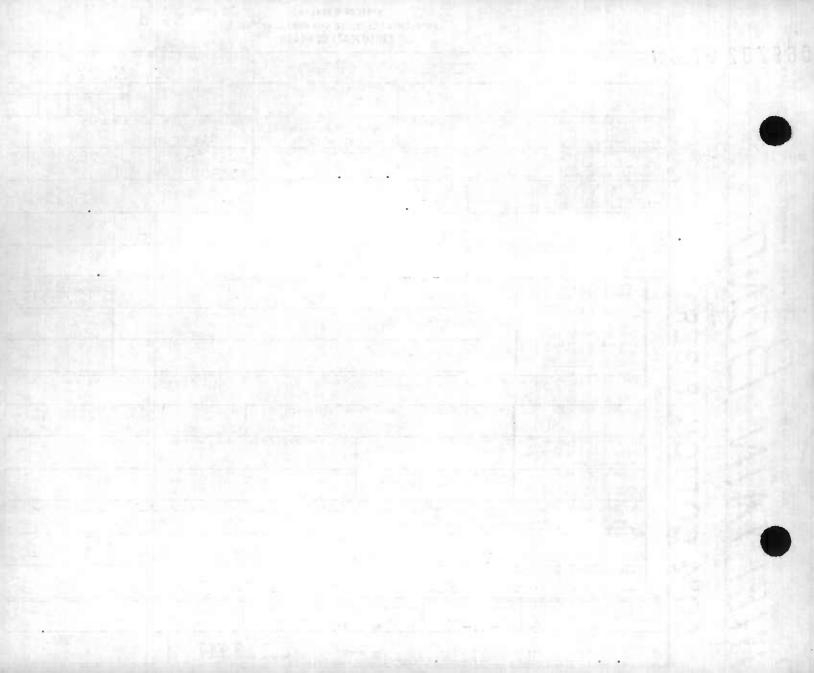
STATE OF MARYLAND

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200	7 1 0 007		STATE TEGISTRAR						ERTIFICAT		ATH	REG. NO.			
20 9 1	49 oct	2. p 02	CEASED NAME	FIRST		MIDDLE		, 1	AST		20. DATE KN	NOW TO MON	TH DAY	YEAR 26. F	HOUR
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	APE OF	3 SE	X 4. R/	ACE /	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS		DERTYR. IF UN	NDER 24 HRS	2c. DATE	MONT	H DAY		HOUR
	DIRE OUR ON 5			B	10 13	44	43 YRS	. MONTH	DATS ROUN	(2) WIN	DEAD	10	15	987 /	PM
-	CESS.	7a. 8	IRTHPLACE ISTATE C	IR .	76 CITIZEN OF WH		TRY?	MARRIE	D NEVER M	ARRIED X	9 BALTIMOI	RE CITY OR COL	NTY OF DE	ATH	
	AZESO-	2	VA		U.S.A.			WIDOW		ORCED -		more Cit			MD.
	SEGERAL S	10 C	ITY OR TOWN OF D		11. NAME OF HOSE	ILITY, GIVE S	TREET ADDRESS)			FOR	MOST OF WORKIN	TION (TYPE OF WOR	OR II	OF BUSINES	SS
	ADO BE	41511	Baltin AL RESIDENCE (IF IN		South Bal				Hospital	1. U	nemploy	ed	N/	A	
1001	CONTRACTOR	13a S	TATE	13P CORN			OR TOWN		134. INSIDE CITY LIMI	157   13e ST	REET ADDRESS	altimore		010	202
0.3	# 5 8 7 8	14.6	ATHER'S NAME			Ва	10.		YES NO			altimore	2 Stre	et 212	203
W	E-195×	1	John		MIDDLE	Car	t or		Mauric		MIDD	OLE .	Alox	ander	
NOR	88539	16a. \	WAS DECEASED EVI	ER IN U.S. ARI	MED FORCES?		IAL SECURITY N	NO.	17. INFORMANT	<u> </u>		ADDRESS	ATEX	anuer	
METIN	PAPTE SINE P TH FO VISION	1	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)		-48-40	26	Alfred	W. Je		1010 W	. Balt	imore	St.
- 2	N. W.		III CAUSE OF DE PART I DEATH	ATH (Enter and	ly ane cause per line	for (a), (b)	, and (c).)						APPR BETWEE	OXIMATE INTER	VAL
NO NO	THE SERVICE			IMMEDIAT	TE CAUSE (a) Bì			nia							
PRESTON ST	A TO SEE		Conditions, if	any, which	DUE TO, OR	AS A CON	ISEQUENCE OF						9 23		
8	PART OF S		gave rise to		(b)	AS A CON	ISEQUENCE OF							•	
102	ENSEN		lying cause la	st.	(3)	NO A COI	SEGOLIACE OF								
80	ANG		PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).											=	
RECORDS	REA SECTION	Z	Cirrhosis of liver and alcoholism  196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?												
	SED VE	CERTIFICATION									20 AU	TOPSY?	7.		
VIIIA	385353	∐ È									YES	S DX NO			
DIVISION OF VITAL	AEN MEN		210 EXTERNAL CA		21b. TIME OF HOUR A.M.		DAY YEAR	21t. HO	W INJURY OCCI	URRED (ENTER	NATURE OF INJURY	IN ITEM 18 PART 1 OF	PART 2)	7 13 1	
o No	G TIFIC TO TO T	MEDICAL	CONTRIBUTING	CAUSE OF		F 11 411 1534	19	211 1 2 2							
N N	S CER RDED RDED SE 3 S	MED	WHILE AT WORK		21e PLACE O STREET, FACTO			211. LOC 51	REET		CITY OR TOWN		COUNTY	s	TATE
	TAME T		AT WORK AT	WORK		-	,		-						
	NER: THI CATE, W FORWA OR: PAC THE STA NND, 213		32a. I certify the	yook charg	e of the remains desc	affect oby	e, held on	Autopsy	XX Inspi	ection .	Inquiry	, and in my	apinian		
	EXAMINER CERTIFICATION DID BE FO DIRECTOR WITH THE		steath resulted for	Matur	ral causes	279	رسال الم	de J	Herman	Unde	termined mann	er,			
	AA WAN		ACTUAL	00 10	146	Mu	ean.	Mil	LA COL CT	ant		DAT	E 10	/16/87	7
	SE THE SE	7	SIGNATURE	2-0.			11 11	MT	TOOLOG	WEI	DICAL EXAMIN	ER SIG	NED	10/0/	_
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	4	(TYPE OR PRINT)	E Den	nis F. Smy	yth,	M.D.	A	DDRESS1	ll Peni	n St.	I	Balto.	MD.	
	5X45A8	23a B	URIAL, CREMATION	REMOVAL 2			IAME OF CEME			23d L	OCATION	C	OUNTY	STATE	
07/84 25M	BP		BURTAL		10/24/87	M	OUNT ZI	ON C	EMETERY		NSDOWNE	,		MD	
ZoM	DHMH - 17		UNERAL DIRECTOR	CH E /H	TALC ADDRESS	01 5	NOD TH	0.445		ATÉ REC'D. B	Y REGISTRAR	ASB. REGISTRAR	SIGNATUR	الماك	1
	(VR A15 ME (5))	W	M. C. MAR	CH F/H	, INC. ADDRESS 1	IUI F	. NURTH	AVE	NUE U	6143	1901	2 44 100			

	/		FOR	D	STATE OF A		YGIENE'	2 8 3	6
169%	DO DET		STATE STGISTRAR		ICAL EXAMINER'S			REG. NO.	
000	0 3 001	DE	E OR PRINT)		MIDDLE	LAST	2a. DATE K	NOWN X MONTH	DAY YEAR 26. HOUR
1	25.55.55 1.	(III		METTER (W	TLAMETER) AI	FORD	DEATH	MATED 10	9 19 87 M
	PLEASE ECTOR. FILES HOURS	3. SE)		S DATE OF BIRTH	YEAR LAST BIRTHDAY) MONT		24 HRS. 20 DATE	MONTH	DAY YEAR 24 HOUR
	DIRI OUR ON S		F B L	8 8	17 70 yrs.	NO DATS HOURS	DEAD	10	9 19 87 4:25
	ESSA RAL REST	7a BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH	MARR	IED . NEVER MARRIE	D 9 BALTIMO	DRE CITY OR COUNT	Y OF DEATH
	E FUNERAL DE 5 FOUNERAL DE 5 FOR YOUR WITHIN 7		SC SC	U.S.A			1001101	imore City	MD.
V	70 70	10 CI	TY OR TOWN OF DEATH		PITAL, NURSING HOME, OR OTH	IER INSTITUTION	FOR MOST OF WORK	ING LIFE)	OR INDUSTRY
	DELAY TO THE BE FILL DS: YEE	Ticil	Baltimore		cil Ave.		RETI	[RED]	N/A
21201	IF ANY DELA 2, AND 3 TO 1 3. RETAIN P SHOULD BE AL RECORDS,	13a. S	AL RESIDENCE (IF IN NURSING HOME OF TATE 136 COULD		13c. CITY OR TOWN BALTO.	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRES		21218
D. 2		14. F/	ATHER'S NAME			15. MOTHER'S MAIDE	NAME		
ALTIMORE, MD.	S S S S S S S S S S S S S S S S S S S		WILLIE	MIDDLE	PARROTT	HATTIE	MIE	DOLE	WILDS
MOF			VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	- terms	ADDRESS	
ACT	IRS AFTER GIVE PAWITH FOR IT. PAGES I DIVISION		NO (IF YES, GIVE	WAR OR DATES)	N/A	DOZIER B.	ALFORD 2	2256 CECIL	AVENUE
	WIT. P		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	D RV					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PERMIT.			TE CAUSE (a)	tty liver				
ESTON	NOV WOV		Canditians, if any, which	DUE TO, OR	AS A CONSEQUENCE OF				
A.	RAN		gave rise to immediate		ronic alcoholi	sm			
2	MEN ON O		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF				14250
8	AND ATTO		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OFATN R	UT NOT RELATED TO THE TERMINAL DISEAS	E OF CONDITION GIVEN IN PAR	I I in		
RECORDS	S A E	Z			teriosclerotic			ase	
REC	HEA AME	CERTIFICATION	19a. DATE OF OPERATION		ION FOR WHICH OPERATION V		29 11 2 2 7 12		20. AUTOPSY?
IIA	SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW	TER							YES NO
OF.	ATE S F WGN THE THE TO B	CER	210. EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YEAR	OW INJURY OCCURRED	(ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PA	RT 2)
ON	ARTOUR ARTOUR THE COMMENT OF THE COM	MEDICAL	CONTRIBUTING CAUSE OF		19				
DIVISION OF VITAL	E. WRITING THE WORD "PENDING" IN PERSONAL REWARDS TO THE CHIEF MEDING THE WORD "PENDING" IN PERSONAL REGIONAL TRANSIT PERMINE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MED	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE O STREET, FACTO		OCATION STREET	CITY OR TOW	'N COI	UNTY STATE
۵	WARI WARI PAGE 2120		AT WORK AT WORK						
	NER: THI CATE, W FORWA TOR: PAC THE STAI		22a. I certify that I took charg	ge of the remains desc	ribed abave, held an Autor	Inspection	Inquiry	, and in my op	nnion
	EXAMIN CERTIFIC JLD BE DIRECT WARYLA		death resulted from Natu	ral causes .	Acadent L. Socide L	Hamicide	Undetermined mar	ner,	
	WAY WENT		ACTUAL NO 1	is T.	ANITO	Assistant		DATE	10-10-87
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH		SIGNATURE		1-1	(D. ASSISLAIIL	MEDICAL EXAMI	NER SIGNE	D_10 10 07
			EXAMINER'S NAME MAT	io F. Goll	le, Jr., M.D.	ADDRESS 111	Penn St.,	Balto., M	D 21201
	DAN DE RES	23a.B	URIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY C		23d LOCATION CITY OR TOWN	COUN	
07/84	BP		BURIAL	10/14/87	MOUNT AUBURI	N CEMETERY	BALTIMOF		MD
25M	DHMH - 17		UNERAL DIRECTOR NAME MARCH F/H	INC ADDRESS	O1 F NORTH AVE	NITE OCT	1 3 1987	256 REGISTRAR'S S	GNATURE dates
	(VP A15 MF (5))	M	ALL MAKER FIRE	INI	III E MIRIH AVI	- NITE OUT	- 1001	19	

4	2 2 007 00		FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GENE 2 REG. NO.	8 3 7 0	
1091	3 Z OCT 26	TITPE	DEASED NAME FIRST JAMES	WILLIAM	ALLEN	20. DATE OF DEATH	0 - 07	HOUR
	4 moy or, pog ofter de	3. SE		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHO		JNDER 24 HRS
	oge or sed		IALE	BLACK	2 10 1914	73	YRS.	
	orth Po		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVERMARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
	deo deo	10 0	TON TOWN OF DEATH	USA	WIDOWED DIVORCED DIVORCED	BALTIM		MD.
201	by the filed with	I	BALTIMORE	301MCMECHAN S	T. APT. 825	TYPE OF WORK FOR MOST OF V		ISINESS OR
BALTIMORE, MARYLAND 21201	filled in nould be runst be	13a S	TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR 131 CITY OR TOW BALTO.	N 13d INSIDE CITY LIMITS? YES X NO	301 MCMEC	HAN APT. 82	5
RYL	rely sl			AIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST	
W	1 4000		OHN	ALLEN	ANNA		OTT	
ORE	de de		(AS DECEASED EVER IN U.S. AR/	WED FORCES? 166 SOCIAL SECU		ADDRES		
LT IN	4 17 5	-	NO	212-26-	3170	BY 1903 SO		
		10	PART I. DEATH WAS CAUSE!	y ane cause per line far (a), (b), and BY E CAUSE (a) MU TURGE	1.	ncer	APPROXIMATE BETWEEN ONSE!	
NO	・「神」			DUE TO, OR AS A CONSEOU	ENCE OF		F84   F154   F44	
. PRESTON ST.	the dec	19	Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF			
× .	that d by easter of cr		underlying cause last	(c)				
20S, 20	Aguires 1 signe Then pl 16 buri	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>CONTRIBUTING TO I</u>	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN IN PART 110	
DIVISION OF VITAL RECORDS, 201	do d	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES \( \) \( \)	USED DEATH?
JE VITA	SECIAN Top physics certification in the little in the litt	1	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY	N ITEM 18, PART 1 OR PART 2]	
ISION	DING PHYSICIA or ottending ph After this certifi e as the buriol-ti olih and Mental	MEDICAL	(IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	19 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
5	Or			al) attended the decrees d fram_	8-18-87	10-15-	87 10	(I) (we) last
	P P P P P P P P P P P P P P P P P P P		saw the deceased glive an abave, (I) (we) (did) (did not	10-166 A + 10	, and that in (my) (an) apinian	death accurred an the date		
	TAL OR AT y the hosp RAL DIRECT detoched for lote Dept. o		22b. SIGNATURE	inky	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGN	87
	FUNE FUNE old be or the Si		22d. PHYSICIAMS NAME ITYPE OR	Jan Lary	22e ADDRESS 900 Cot	for fre	Balts Mil.	21229
	of Chart	13a B	IRIAL, EREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	BP		TEMOUAL	10-22-87	OAKWOOD CEM	CHARL OTT		
Dh	HMH - 16 50M 1/76	24 FL	NERAL DIRECTOR	ADDRESS	250. DAT	TE REC'D. BY REGISTRAR 25	B. REGISTRAR'S STONATURE	
	(VR A 15 (4) )		E.L.PHILLIP	S 1721N.MON	ROE ST	23 1987		-



	FOR		ATE OF MARYLAND HEALTH AND MENTAL HYC	Sec 7 2 8 3	7 - 2
70469 NOV -21	STATE REGISTRAR		IFICATE OF DEATH	REG. NO.	8
o m=	1. DECEASED NAME FIRST	MIDDLE	Alperatein	20. DATE OF DEATH MONTH DAY YEAR	26. HOUR 4
moy b	3. SEX		OFBIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YE	AR IF UNDER 24 HRS
oge 4	Male	Cancasian "	7 13 1910	77 YRS. MONTHS DA	
oth P	70. BIRTHPLACE, ISLATE OF FOREIGN COUNTRY MARY LAND	76 CITIZEN OF WHAT COUNTRY? 8. MARE WIDON	NED SNEVER MARRIED DIVORCED DI	Baltimore City or County of DEATH	· 4.
The f	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME			O OF BUSINESS OR
d in by the filed	Dall more	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  STAM (TOSP (TA)  OR OTHER INSTITUTION, GIVE RESIDING E BLOGRE ADMISSIO		Court Commissioner S	tate Of Md
AND 2	13a. STATE 13b. COL		13d. INSIDE ITY LIMITS?	130 STREET ADDRESS / ZIP CODE Apt. A	COUNTRY CT
within day	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
complexed control	Harry 160 WAS DECEASED EVER IN U.S. A	Alperstei:		Levinson pt. A2 ADDRESS 21208	Ct.
BALTIMORE		212-20-8569	A	y Alperstein 7204 Vall	
BALT.	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	anly one cause per line for (a), (b), and (c).)	111000	APPR BFTWE	OXIMATE INTERVAL EN ONSELAND DEATH
N ST.,		ATE CAUSE (a)	Ab donn	had Torre Theaver	5 hours
he death of the offending of the offendi	Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF			
W. PR	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
s, 201 gned the n pleo buriol, ry, or o	PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO DEATH BI	JT NOT RELATED TO THE TERM	LINAL DISEASE OR CONDITION GIVEN IN PART	1ra
low requir	Probable	e myo cardial	13 Chemia	•	
0 5 5 0 5	Probable 190 DATE OF OPERATION 10 LY LY 210. ACCIDENT WAS UNDERLYING	P. True A A	ON WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
VITA NN: The hysicia rousit Hygiet Hygiet	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2	
N OF SICIA ng ph certifi certifi hendol-the	OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED	ER) P.M. 15			
NG PHYSICIAN: The offending physicial fifer this certificate to sthe buriol-transit th and Mental Hygies orked or lies 18 spo	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN COUNTY	STATE
O O A S O E	22a.1 certify that (1) (this has	The second section of the second section is a second section of the second section section is a second section	0/24 19 8	7.10 10/24 1987	, that (I) (ve) last
ATTEN Septial SCTOR d for u	saw the deceased alive a abave (1) (v) e) (did) (did)	nat priew the bady after death.	( )	death accurred on the date and have and Iram t	he causes stated
the hor the hor the hor the Dep	22b. SIGNATURE	- Salouro Mu	DEGREE ATTENDING	MEDICAL STAFF	TE SIGNED
O HOSPITAL etorned by the TO FUNERAL should be deter with the Stofe MPORTANT: I	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	PHYSICIAN [	DIRECTOR   PHYSICIAN	1-11-1
TO HOSP retained TO FUNE should be with the S	GAY	D. JAROMON	1	Thai Hospital	
BP	230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	Oct. 25% 87 Beth	CEMETERY OR CREMATORY	Finksburg Maryla	nd
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR Solna Levinson &	Bros, Inc. 6010 Reist	erstown Rd.	E REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE

~36.30

## FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE

2	8	J	
	114		

DEC	NO	

31	EGISTRAR				CERTIF	ICATE OF DI	EATH	REG.	NO.		Police
	CEASED NAME	FIRST		MIDDLE	(	AST		20. DATE OF DEATH		AY YEAR	26 HOUR
(1117)	CORPRINT)	Evelyr		L.	Altier	i		October	7. 1987	7	
1.58			4 RACE		5. DATE C			& AGE (IN YEARS LAST		FUNDER I YEAR	
200	Female		Bla	ck	MONTH 2	3	YEAR 23	64	YRS.	ONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COU	NTRY? 8	D X NEVER M	APPIED [	9 BALTIMORE CITY		OF DEATH	
	MD		11	SA	WIDOWE		ORCED	Baltimor	e City		M
10 C	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, N	NURSING HOME	OR OTHER INSTI	TUTION	120 USUAL OCCUPA	TION		OF BUSINESS O
-	Baltimor	e.	15 Ch	arles	Plaza			Retired	OF WORKING LIFE)	INDUSTRI	
USU.	AL RESIDENCE (IF)	TURSING HOME OF		GIVE RESIDENCE		13d INSIDE CIT	VIIMITS?	13e.STREET ADDRESS	2 / 71P CODE		
107.2	MD	-		Balt	imore		NO 🗌	15 Charl		a 21:	201
	ATHER'S NAME		MIDDLE	LA	.51	15 MOTHER'S	anc s	VE WIDDLE			
	Emmanuel			Mye		Poly	1831	MIDDLE		Ford	31
160 V	WAS DECEASED EN	VER IN U.S. AR	MED FORCES?		L SECURITY NO	17 INFORMAN			RESS		
,	NO OR UNKNOWN	(# *13.0**	e was on Dates;	P20-12	2-5300	Sheila	Altie	ri 4990	N. Mair	ne Dr	ive
	18 CAUSE OF DE	ATH (Enter or	nly one couse per	fine for (a),	(b), and (c).				21111	APPRO) BETWEEN	IMATE INTERVAL
	PARTI. DEATI	H WAS CAUSE IMMEDIA	E CAUSE (a)	Hepa+	IC CC	ma				5 days	
	DUE TO, OR AS A CONSEQUENCE OF									,	
	Conditions, if any, which ( 16) Metastatic Breast Caranoma to Liver							10 months			
	gave rise to immediate couse (o), stating the DUETO, OR AS A CONSEQUENCE OF										
3	underlying cause last. (c) PRIMARY BREAST CANCER						> 10 months				
2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Trail										
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 7800						Tan Auxoneya	Table 15 VES	WEDE SIME		
FIC.	190 DATE OF OPE	RATION	190 COND	IIION FOR V	WHICH OPERATIO	N WAS PERFOR	WED	20a AUTOPSY?	IN CERTIFY YES	WERE FINDI	OF DEATH?
ERTI	21g. ACCIDENT WAS UNDERLYING 21b. TIME C		F INJURY		Tate HOW IN II	LIBY OCCUPA	YES NO		] NO [		
	OR CONTRIBUTING		LIOUS A		H DAY YEAR	ZIL HOW IN	ORT OCCORR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	RT 1 OR PART 2)	
MEDICAL	21d INJURY OCC		P. P. PLACE	M.	19	21f LOCATION	V				
ME	WINE D NO	T WHILE	(AT HOME ST	REET, FACTORY,	OFFICE, FARM ETC )	STREET		CITY OR	TOWN	COUNTY	STATE
		WORK -	4-1) -444-4 44			1	10				
	22a.1 certify that (1) (this hospital) attended the deceased fram										
	above, (I) (we) (did) (did not) view the bady after death.  DEGREE  270 DATE SIGNED										
	Karly   Kellson M ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 16/18/87										
	274 PHYSICIAN'S	NAME IVA	M PHINTS	our	5	22e ADDRESS		DIRECTOR PHYS	ICIAN [	1 /0//	181
DU.	KATHY :	T'HEL	2 L Sou!	4.0	MO	TAKUS	HYPKINS	ONCOLOGY	( CENT	IR BO	I TIMO OG
23n F	BURIAL CREMATIC				23¢ NAME OF C		4	23d. LOCATION	00/310	, 101	
	(SPECIFY) Buria		10/1	2/87		emorial		Randall	stown	COUNTY	bM⁵
24. FU	UNERAL DIRECTOR		10/1	_, _,	Titring inc	mor rat		REC'D. BY REGISTRA		AR'S SIGNA	
V	Jm. C. Ma	rch E/	н 4300	Wabas	sh Avenue		00	T 0 9 1987	Pulia Da	ordern ?	indaes
			00								

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH OB ASED NAME 2h HOUR CLYDE ANDERSON OCTOBER 27. 1987 7:24 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH HOURS MAT.E. 01/06/1941 WHITE BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X BALTIMORE UNKADINA WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BALTIMORE C 6 THE JOHNS HOPKING HOSDITAL USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFO 13b. COUNTY 13d INSIDE CITY LIMITS? 13 STREET ADDRESS A ZIP CODE MARYLAND 21201 NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME CLARENCE MIDDLE MINNTE MIDDLE ANDERSON STONE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) LYES NO OR UNKNOWN) CLYDE ANDERSON ABOVE APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY MARCHIO PLL IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF weeks Lcoho Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION sepsus 206 IF YES, WERE FINDINGS USED IN CERTIFYING AUSES OF DEATH? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NOV YES T NO [ 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that ((1)(this haspital) attended the deceased from, sow the deceased alive on 10/27 above. (1) we) (did not) view the body after death 10/27 19 87 and that in my (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 221 DATE SIGNED ATTENDING MEDICAL should be deto with the State [ DIRECTOR PHYSICIAN PHYSICIAN T MPORTANT: 22d PHYSICIAN'S NAME (TYPE OF PRINT) fe 8to Baltona DANG-VU 0 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE (SPECIFY) CITY OF TOWN COUNTY STATE 0 - 29 - 87Remova 1 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Balto., Md. Julia Devider Pondage State Anat omv Board (VRA 15, 4)

27 1 2 7 5 HI IC 87

Arbutus Memorial

March F/H West 4300 Waßash Avenue

(SPECIFY)

DHMH - 16 60M 7/84

(VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

STATE OF MARYLAND

ITY OR TOWN

Arbutus

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Park

COUNTY

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DHMH - 16 60M 7/84		UNERAL DIRECTOR		25a DA	ATE REC'D BY REGISTRAR 25M	RIGIST POR CUSION AT DOE
(VRA 15, 4)		Wm C. March F/	H West 4300	Wabash Ave. 00	CT 26 1981 8	

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	DHMH - 16 50M		24 FI	NERAL DEEROY M &	RUSSELL C WITZKE	FUNERAL HOMES	250 DATE REC'D BY REGISTRAR 251 R	OISTE STEEDING TO THE
	(VRA 15, 4	•)		1630 EDMON	DSON AVE CATONSV	ILLE MD 21228	ACIT ROL S	•

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TO HOSPITAL O etoined by the TO FUNERAL D should be detoc with the Stote D IMPORTANT; It I	22d PHYSICIAN'S NAME (TYPE	QRPRINT)	PHYSICIAN E	to Spital	
BP	230. BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	10/14/87	King Memorial Park	Randa 11 s	town COUNTY Mt
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR WM. C. March F/	AOI	DRESS 25a DAT	T 1 3 1987	Sh REGISTRAR'S SIGNATURE

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	4 8 FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 28	586
noy be page 3	1. DECEASED NAMESANDEN (TYPE OR PRINT)	ELICEN	ARMSTRONG ARMSTRONG	OCTOBERATH 101 3	0- 87 26. HOUR 29 PM
ge 4 rector.	3. SEX /Female	Black	S. DATE OF BIRTH OCONIH 25, 1954	33 YRS.	UNDER I YEAR IF UNDER 24 HRS
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一为者 经及人	Baltimore	GOOD Samarita	RSING HOME OR OTHER INSTITUTION IREET ADDRESS)  n Hospital	12a USUAL OCGUPATION   TYPE OF WORK FOR MOST OF WORKING LIFE)   SecClms Adj.	Narehouse 570
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Y the OR A AL DIRECTOR A detached detached the Dept.	Louth Abo	USALUN -	DEGREE ATTENDING PHYSICIAN		10/30/87
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BP	Burial CREMATION, REMOVE	7AL 23b. DATE 11-04-87	23. NAME OF CEMETERY OR CREMATOR Baltimore Cemetery	Baltimore City	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR Marshall W. Jo	nes,Jr. F.H. 41	01 Edmondson Ave	NO 3 1987 Julia D	AR'S SIGNATURE

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	PLEASE ECTOR	STR	3 SEX	4	RACE	5. DATE OF	BIRTH DAY YEA	AGE (IN		UNDER 1 YR.	HOURS	24 HRS.	2c. DATE	NCED	MONTH	DAY	YEAR	24 HOUR
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	NECESSARY, PLEASE FUNERAL DIRECTOR. S. FOR YOUR FILES.	90			Va	US	S A			OWED -	DIVORC	-	Ba	ltimo	re Ci	ty,		MD.
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oge 3	T. DECEASED NAME FIRST MIDDLE (1YPE OR PRINT) Frank K Avyins Jr. 20. DATE OF DEATH MONTH DAY	87 12:12.2
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ot ofice	76. BIRTHPLACE STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED OF BALTIMORE CITY OR COUNTY OF DE. WIDOWED DIVORCED C. TY	ATH MD.
# P 3	Bultmore (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bultmore M Hour Retired Too	KIND OF BUSINESS OR USTRY
LAND 21.	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. COUNTY  131. CITY OR TOWN  132. STREET ADDRESS / ZIP CODE  134. INSIDE CITY LIMITS?  135. STREET ADDRESS / ZIP CODE  136. STREET ADDRESS / ZIP CODE  137. STREET ADDRESS / ZIP CODE	LN 21212
MARY	Frank MIDOLE Augins St. Vicainia MIDOLE Ga	irdner
be execut on and co s. Pages 1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-01-2182 CLARA A. AUGINS 808 E Cold Spi	ring LN
ST., 8AL		APPROXIMATE INTERVAL ETWEEN ONSET AND GEATH 0-9 (2m-10-10 12)
th death of the control of the contr	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF Prostation Discussions of the process of the consequence	
res the pleas burial, y, or o	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN F	PART IIO
ALRECORDS  he low required in permit. There has been signification to be		FINDINGS USED CAUSES OF DEATH?
ON OF VITAL VYSICIAN: The VYSICIAN: The Sis certificate h buriol-tronsit Mental Hygies or tem_18 sho	LONGONIANO CONTRACTOR DE CAUSE OF DE CAUSE	PART 2}
VISIO	OR CONTRIBUTING CASE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  AT WORK  NOT WHILE  AT WORK	UNIY STATE
TENDI Ital or OR: A pr use	22a. I certify that (1) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	am the causes stated
AL OR AT OR AT DIRECT DEPOSE OF DEPO		10-11-87
TO HOSPITAL ( retained by the TO FUNERAL E should be deto with the State [ IMPORTANT: #	Grigory P. Midis Box 67, Univ of MO 144, 22	-J. Grenest
BP	BURIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY CITY OF TOWN CITY OF TOWN OWINGS MILLS.	STATE MD
	24 FUNERAL DIRECTOR 1250 DATE REC'D. BY REGISTRARIZSD. REGISTRARIZSD.	

	1	500		STATE OF MARY		7 9	8	8 -	7
0	1	FOR - STATE	DEP	ARTMENT OF HEALTH ANI		NE"			
220 00 21	87	REGISTRAR		CERTIFICATE OF	DEATH	REG. N	0.		
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nay be poge 3		Dole	ero s Y.	Husher	man		10 19	87	4:35
a po	3 SE		4. RACE	5. DATE OF BIRTH	6.	AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
ge 4	1	Female	White	10 12	- 30	576	YRS.	NIHS DAYS	HOURS MIN.
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D D	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU			20 USUAL OCCUPATI	ON	12b. KIND O	F BUSINESS OF
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edic edic	1	YES, NO ODUNKNOWN) (IF YES, G	IVE WAR OR DATES)	13.60					
ed e		InK.No	×1029		er D. Aus	herman, Sa	me as		
1 10 1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (a), 1b	, and ic, i	. 4			BETWEEN	MATE INTERVAL INSET AND DEATH
4 000			TE CAUSE (a) Cardic	pulmonary	outest				
5-7839			DUE TO, OR AS ACONS	OUENCE OF	_				
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1 100		underlying cause last.	1 10 Breast	Cancor Not	ustatic 1	Ca of bro	in		-
2 650	1,	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO THE TERMIN	AL DISEASE OR CON	DITION GIVEN	IN PART He	
8 14 2 4	CERTIFICATION								
1 2188	N S	190. DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERF	ORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDIN	GS USED OF DEATH?
28 241 1/	1 #					YES NO	YES [		NO 🗌
· · · · · · · · · · · · · · · · · · ·		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW	INJURY OCCURRED	ENTER NATURE OF INJUI	Y IN ITEM 18 PART	I OR PART 2)	1146-11
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£1 123 3/	MEDICAL	21d INJURY OCCURRED	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OF	211. LOCAT	ION	CITY OR TO	WN	COUNTY	STATE
00 110	2	AT WORK NOT WHILE		ACC FARM, CTC /		1			
20 4 4 9 1			oital) attended the deceased fr	om 9/23	19.67	, to 10/19		F7.	hot (I) (we) lo
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		sow the deceased alive a	n 0 1 3 oat) view the body after death.	9 27, and that in (m	y) (aur) opinion dec	oth occurred on the do	ate and hour o	nd from the o	auses stated
4 2 2 2 2 5		22b. SIGNATURE	1	DEGREE				22c. DATE S	SIGNED
A 4 4 4 7	1	Changh	will.			MEDICAL STAF		10/1	9/87
\$5 B 05 37	1	THE PROPERTY NAME OF THE	and the state of	22 a ADDR		DIRECTOR   FITTSIC	^	11	-
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5 5 5 4 1 31	230	BUDIAL CREMATION REMOVA	L 23b. DATE	23c. NAME OF CEMETERY OF		123d LOCATION	·	1,5	
BP		Burial		Glen Haven Me		Glen Burn	io	AA	STATE
	24 F	UNERAL DIRECTOR	1000. 21,1307	GTEIT HAVETT INE	25 DATER	1			MD
DHMH - 16 60M 7/84			irkley, Glen Bu	ss MD	3318	UNT	THE SHAPE		
(VRA 15, 4)		valles 3. A	irkley, Glen bu	iriie, no	Than m				

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		STATE OF MARYLAND	9 7 0 0	4 4 11
12.7	FOR - STATE	DEPARTMENT OF HEALTH AND MENTA	AL HEGIENE Z O	5 0
070479 NOV	2 87 SISTRAR	NEDICAL EXAMINER'S CERTIFICAT	E OF DEATH REG. NO.	
010413 1101	1 DECLASED NAME FIRST	MIDDLE	KLO. NO.	DAY YEAR 75 HOUR
	(TYPE OR PRINT)		20. DATE KNOWN MONTH OF ESTI- DEATH MATED 10	DAY YEAR 26. HOUR
S. C.	Sean	P. AVERY	DEATH MATED U 10	27 1987 M
<b>第日宝点</b> 属	A RACE 5 DATE OF BIR		IDER 24 HRS. 2c. DATE MONTH	DAY YEAR 2d HOUR
N S L	Mala Caugagian	MONTHS DAYS HOUR	MIN PRONOUNCED DEAD 10	27 1987 4:37
N Y A B	000.2	23,1965 22 YRS. WHAT COUNTRY?	10	
ESS SEE	FOREIGN COUNTRY)	MARRIED NEVER M	ARRIED 3. BALTIMORE CITY OR COUNTY	Y OF DEATH
PELAYIS NECESSARY, PLEASE TO THE FUNKRAL DIRECTOR.  N PACE 5 FOR YOUR FILES.  THE FILED, WITHIN 72 HOURS		States WIDOWED DIV	ORCED   Baltimore City	MD
OSHED C		IOSPITAL, NURSING HOME, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK	26. KIND OF BUSINESS
11/5 E S E S		H FACILITY, GIVE STREET ADDRESS)	FOR MOST OF WORKING LIFE)	OR INDUSTRY
) N TO N	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION	ersity Hospital (STU)	Student	College
0 50 Z 20 Z	13a STATE ALSO, COUNTY	13c. CITY OR TOWN 13d. INSIDE CITY LIMI	15? 13e. STREET ADDRESS	
当るを発力的フラ	Maryland Montgomery	Rockville YES NO		20850
g wast	14. FATHER'S NAME	15 MOTHER'S M		20030
M A PAR S	FIRST MIDDLE	LAST	MIDDLE	LAST
BB 8 8 8 6	William M.	Avery Anne		mphrey
AFTER DE WE PAGE H FORM I GES JAN	16a. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS	
RES AFTER NITH FOIL PAGES DIVISION	No	212-90-2605 Anne M.	. Averv same as #13	
2000	18 CAUSE OF DEATH (Enter anly one cause per		. Avery same as #13	APPROXIMATE INTERVAL
	PARTIDEATH WAS CALISED BY			SETWEEN ONSET AND DEATH
PRESTON ITHIN 3.4 H CIL IN ITEM VER AL HYGER AL HYGER REMOVAL	IMMEDIATE CAUSE (0) M	ultiple injuries with com	plications	
NA STATE OF THE ST	DUE TO,	OR AS A CONSEQUENCE OF		
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A NAME OF THE PARTY OF THE PART	gave rise to immediate (b)	OR AS A CONSEQUENCE OF		
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CCUT SERVICE STATE OF THE SERV	(c)			
RECORDS, 201 W. td BE EXECUTED W PENDING" IN PEN MEDICAL EXAMIT D AS A BURIAL-TR TREATTH AND MENT ", CREMATION, OR	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	ATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1 (a).	
S ES ES	20			
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	196. DATE OF OPERATION 196. CON	DITION FOR WHICH OPERATION WAS PERFORMED?		20 AUTOPSY?
DIVISION OF UITAL S CERTIFICATE SHOU RITING THE WORD: ROED TO THE CHIEF RE 3 SHOULD BE USE E 55 SHOULD BE USE OF PRIOR TO BURIAL	5			
P 260 8 5 5 7	DI CYTERNAL CAUGE WAS			YES X NO
PARTE SE		OF INJURY  A.M. MONTH DAY YEAR  216. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART	2)
S SEOSES	S CONTRIBUTING CAUSE OF DEATH 1:55		uto/fixed object impac	+
CERTIFICA TINSTON C	21d. INJURY OCCURRED 21e PLAC	E OF INJURY LATHOME. 211 LOCATION	des/ Fined object Hipac	L. •
S S S S S S S S S S S S S S S S S S S		ACTORY, FARM, ETC.) STREET	CITY OR TOWN COUN	ATY STATE
THIS WR WAR	AT WORK AT WORK	road Taylor Ave.	east of, Balto.City	MID
O. S. F.	220. I certify that I to have a fithe remains of	described above, held an Autapsy X, Inspe		
₹2xo±x	////	N/1 D		nian
A FRANCES	death resulted fram	Ment X, Suicide L, Hamicide L	Undetermined manner ,	
2855g × 6	ACTUAL WILL -	TITLE (SPECIF)		
★ 보 수 복 년 교 ·	SIGNATURE	M.D. Assist	ant MEDICAL EXAMINER DATE SIGNED	10-27-87
SET			3,0,125	
#B#E#F	EXAMINER'S NAME Charles P. Ko	okes, M.D. ADDRESS 11	1 Penn St., Balto., MD	21201
DIVISION OF VITAL RECORDS, 201 W. PRESTONS  TO MEDICAL EXAMNER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 31 HO  ENECUTE THE CERTIFICATE, WRITING THE WORD. "PENDING" IN PENCIL IN ITEM.  PAGE 3 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG  TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT FERM  AFTER DEATH WITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGHERE  BATTMORE. MARKAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	22- BURIAL CREWATION REMOVE LAND BUT			
	(SPECIFY) OC	L.	23d. LOCATION COUNTY	Y STATE
07/84 BP	Burial 30, 19			Maryland
DHMH - 17	24 FUNERAL DIRECTOR Robert A. Pum Rockville, Inc. 300 Wa	phrey Funeral Home/ 250. DA	ATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIG	SNATURE
(VR A15 ME (5))		St Montgomery Ave.	CT 3 0 1087 / 10 / Marie	n. Kendale
	RURVILLE	MATATOM (NOON )	The state of the s	

OCT 30 1987 / Standard Lane

	1.	FOR			DEPART		E OF MARYLAND EALTH AND MENTAL HY	BIENE	8 .	, 8	}
8799 OCT 1	t h	STATE REGISTRAR					ICATE OF DEATH	REG.	NO 33	E Mari	
	1 DE	CEASED NAME	FIRST		MIDDLE	(	AST	20 DATE OF DEATH		AY YEAR	26 HOUR
e e e	(TYP	ORPRINT)	ene	110		A	285		10 1	487	52/
poge deor	1, 56	x		RACE	19.6	5 DATE	F BIRTH	6 AGE (IN YEARS LAST	IRTHDAY]	IF UNDER 1 YEAR	IF UNDER 24 HRS
Page 4 r. director.	1	F		1	50	MONTH	4 1918	68	YRS.		HOURS MIN
		RTHPLACE (STATE OR FO	DREIGN 76 (	CITIZEN OF	WHAT COUNTRY	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OFDEATH	
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offer of the f		ITY OR TOWN OF DEA	Н 11.		HOSPITAL, NURS		or other institution	12g USUAL OCCUPA (TYPE OF WORK FOR MOS		12b MIND OF INDUSTRY	BUSINESS
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ored one	140	SIPPS:			16b SOCIAL SEC	LIDITY NO	EVA 17 INFORMANT		SON		
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ne de ne		Conditions, if any,	which (	DUE 10, C	RAS A CONSECU	W + 1 M	y failure	20 b	1		
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ned b pleo uriol,		PART 2 OTHER SIGN	IFICANT CON	ADITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVE	N IN PART 110	
quire sign fben to bu	Z	Dena		all u							
been prior	CERTIFICATION	198 DATE OF OPERAT				H OPERATIO	N WAS PERFORMED	20s AUTOPSY?	206 IF YES,	WERE FINDING	GS USED
ws o	밀							YES NO		YING CAUSES C	NO T
Sho Sit a	- E	210. ACCIDENT WAS UND	ERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCUR				140
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ATTENDING seption or office of the seption or office of the seption of the septio		220.1 certify that (1)		attended to	U -	57	12 - 19 8	to	1		of (I) (we) I
R ATTE hospita RECTO ned for spt. of l		saw the decease obove, (I) (we) (d	d alive an id) (did nat) vi	iew the bady	y after death.		nd that in (my) (our) opinian	death occurred on the	date and haur	and from the co	auses stated
P P P P P P P P P P P P P P P P P P P		276. SIGNATURE					DEGREE			22c DATE S	IGNED
the the letoch ofe Dore De		12.IM	· Shall	hmi			ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN	1011	4/87
HOSPITAL C	1	224 PHYSICIAN'S NA	ME (TYPE OR PRI	INT)			22e ADDRESS CO		edica	1 cen	ter
HOSP homed b o FUNE		15.11	n. SH	AH.	W.0		2600 4130	RTT K+ P	NE.B	al, 1-17.	2121
of of with		BURIAL, CREMATION, F	REMOVAL 1	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
BP		BURIAL		10/	19/87	ARBIIT	US MEM. PK	BALT	O . MI	COUNTY	STATE
	24 F	UNERAL DIRECTOR		10/			25004	TE REC'D BY DEC 15-18	R 254 REGIST	-	the dalle
DHMH - 16 60M 7/B4 (VRA 15, 4)		NAME			4600 LT	BERTY	HEIGHTSUL	1 1 0 1901	0		
,		EROY O. D.	<u> የምጥነ</u>	4600	I-IBERT		HITS				

RTMENT OF HEALTH AND MENTALITYCHENE 1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO DECEASED NAME 20. DATE KNOWN X MONTH TYPE OR PRINTI ESTI-MISUNG BAFCK DEATH MATED 10 26 1987 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR YEAR AST BIRTHDAY PRONOUNCED KORSAC 1987 DEAD 10 26 6P M TE CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED [ DIVORCED 20 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY Johns Hopkins Hospital Baltimore SIUDSO UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) #101 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO TYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Head injuries IMMEDIATE CAUSE (o)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. USED AS A BURIAL OF HEALTH AND M PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX FUNERAL DIRECTOR: PAGE 3 SHOULD BE ER DEATH, WITH THE STATE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR AMAGE MONTH DAY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING Pedestrian struck by auto. 10-23-CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21 LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN WHILE COUNTY NOT WHILE AT WORK AT WORK street Greenside Dr. Balto. MD Inspection X 22a I certify that I took of are of the remains described above, held on and in my apinian Inquiry death resulted fram Undetermined manner TITLE (SPECIFY) ACTUAL 10-27-87 M.D. Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATOR' 23d. LOCATION 07/84 24 FUNERAL DIRECTOR 250. DATE-REC'D. BY REGISTRAR DHMH - 17 (VR A15 ME (5))

STATE OF MARYLAND

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN

Bailey

5. DATE OF BIRTH MONTH DAY

CERTIFICATE OF DEA

TAL HY	REG. NO.		1	+	
	20. DATE OF DEATH MONTH	DAY	YEAR	25 HOL	R
	10-2	25-8	7	1:	30a
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
YEAR	69 YRS	MÖNIHS	DAYS	HOURS	MIN.
RIED 🔀	9 BALTIMORE CITY OR COUNT	TY OF DE	ATH		
CED	Baltimore Ci	tv			MI

Male	White	08-28-18
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION

MIDDLE

Robert

White

4 RACE

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. 2nd S. Broadway

120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE Retired

231 S. Broadway St.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN Baltimore Maryland

18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:

Charles

NO Unknown

13d. INSIDE CITY LIMITS?

ADDRESS

13e.STREET ADDRESS / ZIP CODE

Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES

Baltimore

Unknown

CERTIFICATION

- STATE 8 TREGISTRAR

(TYPE OR PRINT)

deoth

DECEASED NAME

16b. SOCIAL SECURITY NO -14-1637

17 INFORMANT Dave Pumphrey

IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last

DUE TO, OR A

PARTAZ. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTREBATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0

90 DATE OF PERATION	1 b CONDITION FOR WHICH OPERATION	N WAS PERFORM
TI. ACCIDENT WAS UNDERLYING	21h TIME OF IN ILIRY	71r HOW IN ILIE

NO Y OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

21f LOCATION AT HOME STREET FACTORY, OFFICE, FARM ETC 1

20a AUTOPSY?

WHILE NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from\_

CITY OF TOWN COUNTY STATE

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

saw the deceased are as above, (1) (we) idef 22b. SIGNATUE

23b. DATE

A. CARRENARD, M.D. TENDING

MEDICAL DIRECTOR PHYSICIAN

, and that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated

224. PHYSICIAN'S NAME (THE GERBRI)

23s BURIAL CREMATION REMOVAL

DUTIO

242 South Broad Wat DDRESS

Baltimore, Md. 21231

23c. NAME OF CEMETERY OR CREMATORY

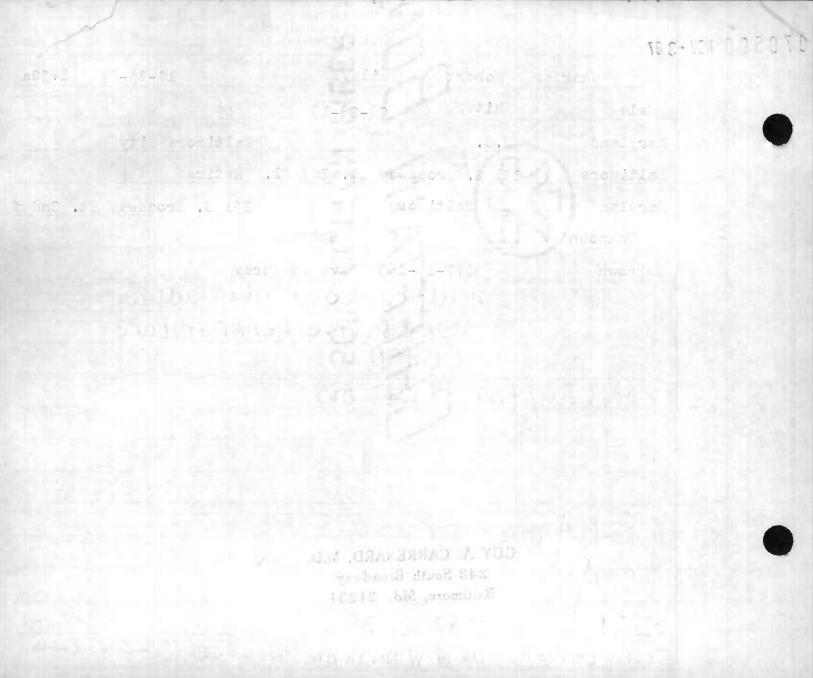
23d. LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

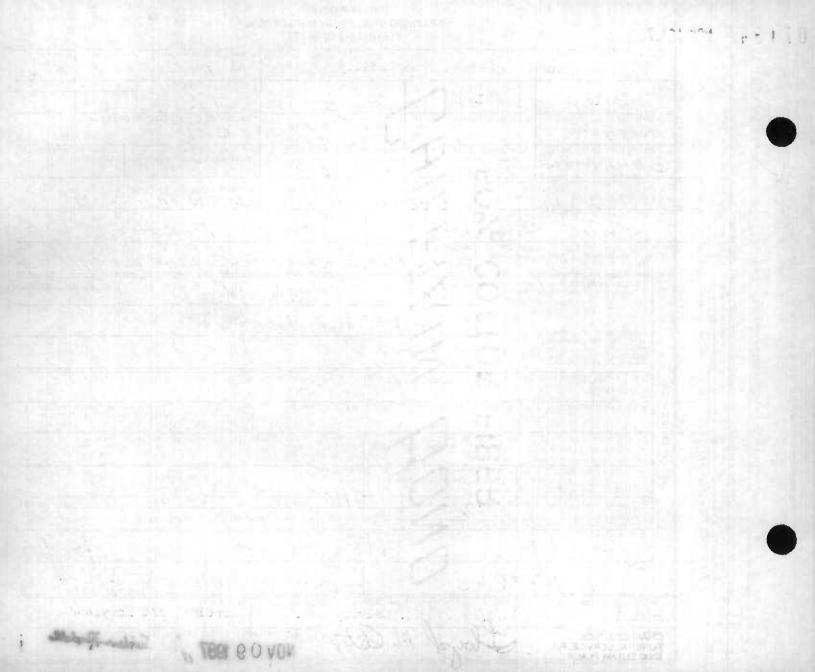
MPORTANT

24 FUNERAL DIRECTOR arroll

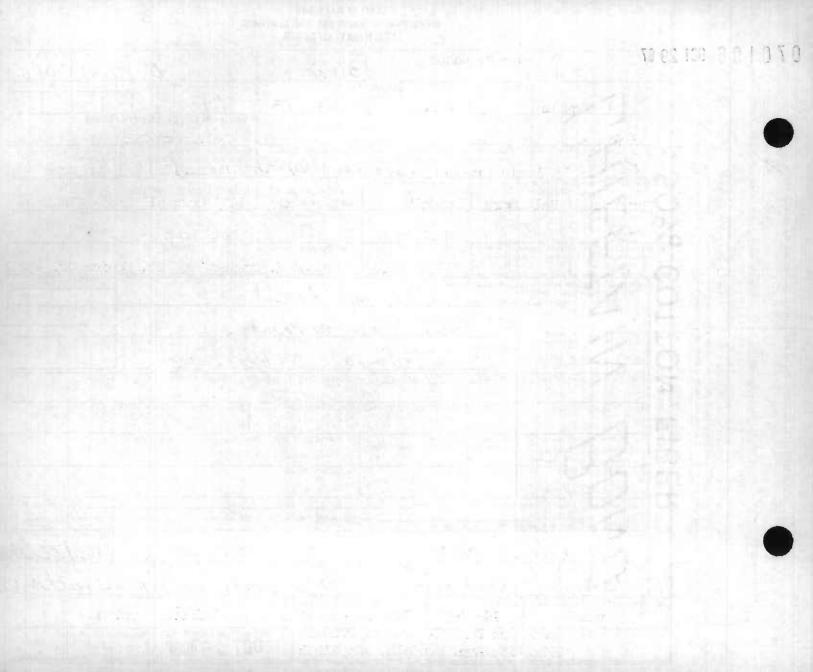
22c DATE SIGNED



1345 10		ე <b>1</b> გ	FOR 7STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
by be oge 3 deoth			OR PRINT)  OR PRINT)  HER UN HERMAN	n BAICE	/ Bailey	10 / 30 / 1987 18 HOUR
ige 4 moy rector, po urs ofter o		3. SE:	Male	RACE BLack	5. DATE OF BIRTH MONTH DAY YEAR S 15	AGE (N YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 241  7 2 YRS YRS
Jeoth. Po	71	1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH
by the fi	4	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	ADDRESS OURS	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  17b. KIND OF BUSINESS INDUSTRY
filled in hould b	1	130.5	AL RESIDENCE OF NURSING HOME OF		VN 13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CODE 25
ompletely and 2 sl	2	14. FA	SAM	MODIE BICEY LAST	15 MOTHER'S MAIDEN NA	
on ond co		16a V	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECTION OF WAR OR DATES) 21910		SCOTT 2245 W. FAGETTE
equires that the death is signed by the attendard Then please remove to the brioly cremation, or other froumon, or other froumon.	he low requires that the on. has been signed by the permit. Then please remement prior to buriol, cremows any injury, or other the TIFICATION		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE OF THE TOTAL CONSEQUENCE OF THE TOTAL CONDITIONS CONTRIBUTING TO	ENCE OF	AINAL DISEASE OR CONDITION GIVEN IN PART 1101
he lo on. hos ene p			190 DATE OF OPERATION	The date of the	OPERATION WAS PERFORMED	200 AUTOPSY?   200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES   NO
PHYSICIAN: TI ending physicit this certificate te bunol-tronsit ad Mental Hygi	9	MEDICAL CE	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINET 218. INJURY OCCURRED	ATH HOUR A.M. MONTH D	19 21f LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)  CITY OR TOWN COUNTY STATE
ENDING of or off DR. After ruse as the Health o		saw the deceased alive on	ital) attended the deceased from	0 10/13 10 8	death occurred on the date and hour and from the causes stated	
OR he he oche	9		276 SIGNATURE SIN	tur	DEGREE ATTENDING PHYSICIAN [	DESCRIPTION STAFF
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the State IMPORTANT:		23= 8	J. BE	LTRAN	1940 W.B	BALTIMORE ST, BALTO, 2
					NAME OF CEMETERY OR CREMATORY	23d LOCATION



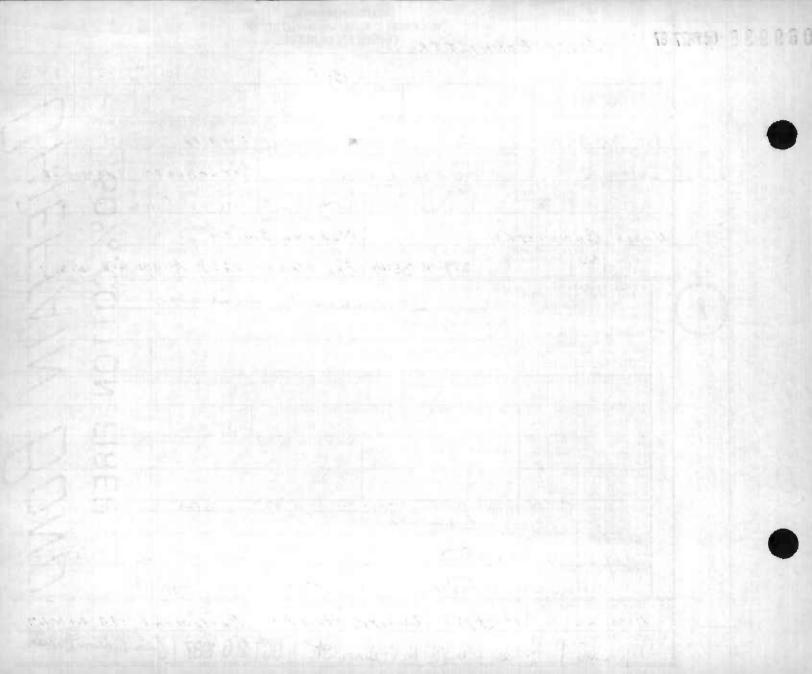
138 OCT 20	FOR STATE DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYGJENE / 2 RTIFICATE OF DEATH	8 3 9 3		
osh be	CEASED NAME FIRST MIDDLE  CREATING FRITZ B2	REG. NO.  1451  20. DATE OF DEATH MON	NTH DAY YEAR 28 HOUR  B 87 1153 Am		
oge 4 urs offi			MONTHS DAYS HOURS MIN.		
To the state of th	OUNTRY) . MA	RRIED NEVER MARRIED 5. BALTIMORE CITY OR CO OWED DIVORCED BALTIMOR ME OR OTHER INSTITUTION 12ª USUAL OCCUPATION	E CITY MD.		
	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRES	SPITAL CIFER - TYPIS	BOARD		
10	TATE 136 COUNTY 136 CITY OR TOWN  ST MARY'S TAIL TIM  THER'S NAME	13d. INSIDE CITY LIMITS? 13e STREET ADDRESS	33/20690		
1 20/08/	ARFIELD M. FRITZ'S	CARYL F. MIDDLE	ROSS		
Legal 2	VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY N  ES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES)  391-26-82		AS 13E.		
shrincote be executed to 24 hours on page 1. Total of the first on and completely filled in by empoyer. Page 1. and 7 illed id by fill empoyer.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
ires that the death of great by pression with the great by prices are controlled by or other transfer.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE (c)  DUE TO, OR AS A CONSEQUENCE (c)		ON GIVEN IN PART I (o		
VI. The low requirysicion.  cote hos been signors permit. The hygiene prior 10 by 8 shows ony inject.	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPER		B. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc		
DIVISION OF VITAL  OUR PHYSICIAN: The outer this centricote has not offer only for the barroll rounty for the outer	218. ACCIDENT WAS UNDERLYING ACCOUNTIBUTING ACCOUNTIBUTION ACCOUNTIBUTION ACCOUNTIBUTING ACCOUNTIBUTION ACCOUNT	19 211 LOCATION			
DIVIS DIVIG P or other to or the rolls on	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ET.  AT WORK AT WORK  220.1 certify; that (1) (this haspital) attacked the deseased from	STREET CITY OF TOWN	COUNTY STATE		
AL OR ATTER the hospital LL DRECTOR ATTERNATION OF H M Dept. of H M Dept. of H	sow the deceased alive an obove, (Mwe) (did) (did not) yew the body after death.  22b. SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	22COATE SIGNED		
O HOSPITAL relatived by the  TO Full EPAL hould be deta with the Slatte MPORTANT:	22d PHYSICIAN'S NAME (1YPGORPRINT) FLAVIO KRUTER	PHYSICIAN DIRECTOR PHYSICIAN  224 ADDRESS  22 JOUTH GRACUE	887		
BP	URIAL   10-16-87   EPIS	COPAL CEMETERY, VALLEY LI	EE, ST.MARY'S, MD		
DHMH - 16 50M 1/81 (VRA 15, 4)					



069798 OCT	27	OR TATE REGISTRAR	DEP	ARTMENT OF I	E OF MARYLAND LEALTH AND MENTAL HY CICATE OF DEATH	REG. NO	8 3	7 -
by be death death		CEASED NAME FIRST LEON	and	F	BANKS	2a DATE OF DEATH	10-21-8	2 945
ge 4 mby by	3 SE		CAUCASIAN	S DATE (	DF BIRTH 17-19/2	6 AGE IN YEARS LAST BIRTI		RIYEAR IF UNDER 24 HRS
neral dir. Pogran 72 hou	10 B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTY	TRY? 8 MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF		MD.
by the for		BALTIMORE	11. NAME OF HOSPITAL, NL (IF NOT IN SUCH FACILITY, GIVES LEVINGALE HO	ME 8 H		120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF POIL!	WORKING LIFE) IND LER	KIND OF BUSINESS OR DUSTRY POTTERY
thin 24 hours	130	AL RESIDENCE HE NURSING HOME O STATE 136 COU			AES DE NO	2500 W. B	ZIP CODET.	1011 2 12 15 re Avenue
MAR we was	1	THER'S NAME FIRST NORMAN	BANKS		15. MOTHER'S MAIDEN NAME FIRST HANNA	H		JNKNOWN
BALTIMORE, color to execution to the second		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES GI	IVE WAR OR DATES)	5-5380	17 INFORMANT NO 6812 NAVAJ	RTON S. BANI O DR. BALTY	O.,MD	21209
One E		PART I. DEATH WAS CAUSI	inly one couse per line for (a), 1b ED BY: ATE CAUSE (b) CONGES		GART FAILU	RE	0	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
201 W. PRESTON ST		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSI					
ECORDS,	CERTIFICATION	PART 2 OTHER SIGNIFICANT GANGRENE OF 190 DATE OF OPERATION	RT. FOOT NOW	HEALING	TO BIK Ampa	TATION STUP  200 AUTOPSY?  YES NOT	20b. IF YES, WERE	PART I I O RENAL FAILURA E FINDINGS USED CAUSES OF DEATH? NO I
YSICIANITIE III STATE III	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH ER) P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR	PART 2)
DIVISION OF NG PHYSICIA of the this certification of the burnol-th of the burnol-th and Mental	MED	21d. INJURY OCCURRED  WHILE DOT WHILE DAT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FICE FARM, ETC )	211 LOCATION STREET	City OR TOW	IN COL	UNITY STATE
ATTENDI ospitol or ECTOR. A ed for use of to Heal		saw the deceased alive ar	n n n n n n n n n n n n n n n n n n n		nd that in (1998, (our) opinion)	death occurred on the dat		that (*E(we) last ramithe causes stated
HOSPITAL OR 1 med by the ho FUNERAL DIRE uld be detoched the Store Dept		22d PHYSICIAN'S NAME LIVE	OR PRINT)		ATTENDING PHYSICIAN [	MEDICAL STAF	1/	10/20/87
TO HOSPIT retained by TO FUNER should be with the Sit	230	FSTKELITA SURIAL CREMATION, REMOVAL	O. Km	hin	12/1/AVE-H	HANON GER	IATRIC C	ENTER + HONFIA
BP	RE	MOVAL/BURIAL	OCT.23,1987	RIVERSV		GLENVII	LE, CONN	NECTICUT STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR SO NAME 010 REISTERSTON	OL LEVINSON & DE BALTO.	552	215	PRECIO BY REGISTRARY		signature r. Randall

001 25 381 June 19 June 19 100

STATE OF MARYLAND



	9		FOR		,f,22a 10-3	0-87 di	STATE OF	MARYLAND H AND MENT.	AL HUGIEN	2	8 3	97	
067	909 00		STATE GO.	32 per med	MED	ICAL EX	AMINER'S	CERTIFICAT	E OF DEA	TH REG.	NO.		
• • •		1. 0	CEASED NAM	FIRST		WIDDLE		LAST		20. DATE KNOWN OF ESTI-	MONTH	DAY YEAR	26 HOUR
	ASE DRS. LET.			Richa				Barksdale		DEATH MATED	□ 10	4 19 8	
	STREET	3, SI	X	4 RACE	5. DATE OF BIRTH	YEAR	AGE (IN YEARS IF U	NDER 1 YR. IF UI		26 DATE PRONOUNCED	MONTH	DAY YEA	10 11001
	NOUN YOUR		LE	BLACK	1 16	51	36 YRS.			DEAD	10	4 19 8	7 5:20 M
-	NECESSARY, PLEASE UNFRAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS V. PRESTON STREET,	70	BIRTHPLACE (S OREIGN COUNTRY)		76 CITIZEN OF WH		MAR	RIED   NEVER A	AARRIED .	Baltimorecit	_		MD.
	229512	10 0	ITY OR TOWN	OF DEATH	11. NAME OF HOSE			HER INSTITUTION		JAL OCCUPATION (	TYPE OF WORK	126 KIND OF	BUSINESS
	35845	7	Baltimo	re	Johns !		s Hospita	al	UN	EMPLOYEI	)	N/A	JIKT
21201	ANY DE AND 3 ARETAIN CECORD		AL RESIDENCE STATE MD	(IF IN NURSING HOME (	OR OTHER INSTITUTION GIVE	BALT	TOWN	136. INSIDE CITY LIM	00%	EET ADDRESS BENNETT	r PLAC	CE 212	23
QW		14.1	ATHER'S NAME		MIDDLE	1460		15. MOTHER'S A	AAIDEN NAME	WIDDLE		1.00%	
14. 00	DEATH GGES 1 AND OF VID	4	WILL	MAI	MIDDLE	BA	RKSDAL	E LOI	LA	WIDDLE		MOR	RTON
ALTIMORE	VE PAGE VE PAGE FORM GES 1 A	160	WAS DECEASE	DEVER IN U.S. AR	MED FORCES?		SECURITY NO.	17 INFORMANT		ADDRE			- 17-11
1	S AFTER GIVE PA MIH FOR PAGES I		NO			220-	52-6720	ANDREW	PALME	R 165 N.	. MICH	HIGAN/	CA.
	N N N N		18 CAUSE C	F DEATH (Enter on ATH WAS CAUSE	lly one couse per line i	or (o), (b), ar	d (c).)						ATE INTERVAL SET AND DEATH
N N	THE PARTY		797		TE CAUSE (a)A		intoxicat	ion					
MOTOR	2 2 2 2	)	Conditio	ns, if ony, which	DUE TO, OR	AS A CONSE	QUENCE OF						
- 2	E 200 2 2 3		gave ri	se to immediate	(b)	15 A CONSE	205105.05						
2 10	BEST N	-	lying cou		DUE TO, OR	45 A CONSEC	DUENCE OF					1000	
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0	SAL	Z					THE TERMINAL GUALA	SE ON CONOTION OFF	THE PART I TU				
	SEA A A O I	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ON FOR WH	ICH OPERATION V	WAS PERFORMED?	)			20 AUTOPS	Y?
ATI	ESESSE	IF N			Valley in the							YES 🔀	NO
č	A WOOD BE		21a. EXTERNA	L CAUSE WAS	216 TIME OF HOUR A.M.	MONTH DA	Y YEAR 21c. H	HOW INJURY OCC	URRED LENTER	NATURE OF INJURY IN ITEM	TO PART TOR PART	1 2)	
Z Z	SA STATE	5 3	CONTRIBUTI	NG CAUSE OF	DEATH P.M.	10-	4 19 87	Subject	used amox	kapine			
SO NOBIANO	SE S	MEDICAL	216 INJURY C	NOT WHILE	210 PLACE O STREET, FACTO	FINJURY (A DRY, FARM, ETC.)	THOME, 21f. LC	STREET		CITY OR TOWN	cour	NTY	STATE
	WAR WAR		AT WORK	NOT WHILE &	unkn	own		unknown					
	SESSEE SESSEE	q is	22a. I certi	fy that I took charg	ge of the remains desc	ribed above,	held on Auto	psy X, Insp	ection .	Inquiry ,	and in my opi	inion	
	PHE BE		death result	ed from: / Notu	ral cause	Accident	. Suicide L	. Homicide	Undete	ermined monner X	],		
	W. BEER		ACTUAL	Mari	BI	1600	A	TITLE (SPECIF			DATE	10/5/	.07
	CALE SHOUL SHOUL SACUL		SIGNATURE,	11.000	1	Jan 1	-11	Assista	antMED	ICAL EXAMINER	SIGNED	10/5/	87
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH BALTIMORE M	1	EXAMINER'S (TYPE OR PRI	VT) Maj	rio F. Gol			ADDITESS.	1 Penn		Balt	o, MD.	
			BURIAL, CREMA	TION, REMOVAL			NE OF CEMETERY		CITY	OCATION OR TOWN	COUNT	TY	STATE
07/B 25M	BP 800		BURIAL FUNERAL DIRECT		0/8/87	CEI	DAR HIL	L CEMET		NE ARUNI REGISTRAR 256 RE			MD
	DHMH - 17 (VR A15 MF (5))	WM			H 110 TE	. NOR	TH AVEN		CT 07		Swidson	_handa	b

0.100

068529 oct	4 870R TATE REGISTRAR			STATE OF MARYLAN T OF HEALTH AND ME ERTIFICATE OF DE	ENTAL HYGIE	NE, REG. NO	8 3	C
e 6 4	1. DECEASED NAME (TYPE OR PRINT)	FIRST VADA	Makio	LAST		e. DATE OF DEATH		A
ay be			Marie	BARLOW		OCTOBER 8,		11:40 M
pge 4 mcretor, purs offer	Female	White		DATE OF BIRTH MONTH DAY  Jan 5 19	908	AGE (IN YEARS LAST BIRTI	YRS.	DAYS HOURS MIN.
uneral di uneral di un 72 ho	BIRTHPLACE (STATE OF COUNTRY)  Maryland	USA	w		DRCED	BALTIMORE CITY OF	CITY	MD.
ors offer by the filed with	BALTIMORE	THE JO	CH FACILITY, GIVE STREET AODR	HOSPITAL.		type of work for most of Housekee	WORKING LIFE) INDUS	omestic Help
LAND 21	Maryland	SING HOME OR OTHER INSTITUTION	134 CITY OR TOWN Baltimore	res X	10 0		zip CODE yne Ave.,	Balto. 21219
mpletely and 2 s	John	Albert	Myers		liva	Maude	Tom	
BALTIMORE Brand and syndronic for the foresticol	(YES, NO OR UNKNOWN)	R IN U.S. ARMED FORCES? (IF YES. GIVE WAR OR DATES)	217-50-511			ADDRES		noenix 21131 Ave. West
DS, 201 W. PRESTON ST., signed by the bear of the bear	Conditions, if any gave rise to imcause (0), statiunderlying cous	mediate (b)_ ng the DUE TO. C	OR AS A CONSEQUENCE	e myoci			thon I	M.
RECOR.	NO. DATE OF OPERA	88	CANCE	RATION WAS PERFORM		YES NO	10h IF YES, WERE FIN IN CERTIFYING CALL YES	ISES OF DEATH?
OF VI	OR CONTRIBUTION	CAUSE OF DEATH HOUR A		YEAR 10	WY OCCURRED	(ENTER SATURE OF HULE)	IN TEN 18 FART 1 DEPAR	
DIVISION OF VITAL  NG PHYSICIAN: The offending physicio the the cert-ficial offending physicio	214 INJURY OCCUP	RED ZIE PLACE	OF INJURY	211 LOCATION		CITY OF TOW	N COUNT	UAN
ATTENDIN spirol or CTOF AT	22x 1 certify that (I saw the decea above, (I) (we)	of along an interest the body	e deceased from 19	and that in (my) (or	19. 87- ur) opinion dec	to Of g	19 S te and hour and tram	that (I) (we) lost the couses stated
TAL OR yy the how ye the house the Different Party Despired to the Despire	276 SIGNATURE	- Sq		PH	ENDING D	MEDICAL STAFF	1 - 10	S/8/2
TO HOSPITAL eroined by 1 TO FUNERAL should be de-	SH PHYSICIALS	ittiva	J	77st ADDRESS	144	pacto	ma 212	.05
ВР	Burial Burial			eland Mem.	Park	Baltimore		Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	Martin D.	Lawson, 10 V	V. Padonia R	d.	OCT	3 1987. 9	Sh. REGILLERAR'S SHO	Panalane

	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	OTENE 2 8	2 1 5
070017 001		REGISTRAR PASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO	DAY YEAR 26 HOUR
0 / 0 2 1 Z OCT	49%	PASED NAME FIRST	MIDDLE	BARNES	10	24 87 620PM
poge	3/SE	TOICO IN I	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
s ofte	1	F	BN	MONTH DAY YEAR	77 YRS	MONTHS DAYS HOURS MIN.
oth. Pog		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
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rs ofter de by the for filled within		BALTIMORE	(IF NOTHIN SUCH FACILITY, GIVE STREET	VIED. CENTER	120 USUAL OCCUPATION  HYPE OF WORK FOR MOST OF WORKING  MESTIC	126 KIND OF BUSINESS OR INDUSTRY
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os boern	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
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IVISION IG PHYSI offending fer this of s the burn of Me	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
DIVIO ATTENDING Septrol or oth CCTOR After CCTOR After d for use as the t. of Health o			pital) attended the deceased from	10/24 198	2.10 10/24	, 19 , that (I) (we) lost
Spitol CTOR I for u		saw the deceased alive a above, (1) (we) (did) (did r	nat) view the body after death.	and that in (my) (aur) apinio	n death accurred on the date and h	aur and fram the causes stated
OR DERE		27h SIGNASURE	Meller	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	18/24/87
O HOSPITAL TO FUNERAL should be determine Store with the Store		PHYSICIAN'S NAME (TYPE	ORPRINT) KAZAK	MO GSIO BON	ME RIDGE A	et # 102 BALT ZIZI
7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230	BURIAL, CREMATION, REMOVA	10-28-87	NAME OF CEMETERY OR CREMATORY White Rock Ceme	CITY OR COMM	COUNTY STATE
BP	24 F	UNERAL DIRECTOR	1,- 50.61		ATE PEC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	W	m "E" Brown	1206 ADDRESS	North Ave 0	CT 2 8 1987 July	a Devideon Rondock

00T 2 8 1997

STATE OF MARYLAND FOR per med exam DEPARTMENT OF HEALTH AND MENTAL REG. NO DECEASED NAME KNOWN Q. DATE MONTH (TYPE OR PRINT) OF ESTI-HENRY BARNES DEATH MATED A. 10 1410 87 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE 24 HOUR LAST BIRTHDAY) PRONOUNCED 9:14 AM 8 21 48 DEAD 10 14 19 87 MALE BLACK TO BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED V NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED L Baltimore City NC DIVORCED ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AMERICAN SALES FULLTIME (auto) 1800 blk. W. Lafayette Ave. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 SIREEI ADDRESS LAFAYETTE BALTIMORE YES X NO T MD 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE BARNES PETTAWAY BERTHA JAMES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-50-5354 NO BERNADETTE BARNES 1813 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (9) Shotgun wound to the back of the chest with injury BUTENON OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:01 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH XXX 10-14-19 87 Subject shot. 714 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME III LOCATION STREET, FACTORY, FARM, ETC.I. WHILE AT WORK (auto) street 1800 blk. W. Lafayette Ave., Balto. City, MD 220 I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinion Homicide X Natural couses La Undetermined manner Suicide TITLE (SPECIFY) TO FUNERAL C AFTER DEATH, BALTIMORE, M ACTUAL Assistant MEDICAL EXAMINER 10-14-87 SIGNATURE Mario F. Golle, Jr., M.D. 111 Penn St., Balto., MD 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BURTAL 07/84 10/19/87 ARBUTUS MEM ARBUTUS 25M 24 FUNERAL DIRECTOR 250 -DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** WM. C. F/H INC. 1101 E. NORTH AVENUE dia Dandon Randall (VR A15 ME (5))

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kith te	NIS	100	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	26. KIND OF BUSINESS
rs of	2		altimore	Mercy Hospita		Balto. Co. Dept	
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withi d 22 of	1	IA, E.	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AMÉ	LAST
on on	18 2	1	Peter	P. Barzy			Krajewska
ond o	dica		(YES, NO OR UNKNOWN) (IF YES, GF	RMED FORCES? 166. SOCIAL SECTIVE WAR OR DATES!	URITY NO. 17 INFORMANT	ADDRESS	
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or or see o	8		22a.t certify that (I) (this hosp	oital) attended the deceased from.		, to, 19_	, that (I) (we)
hospitol RECTOR: hed for us	21 is		saw the deceased alive ar	n19 at) view the bady after death.	, and that in (my) (our) opinion	death accurred an the date and haur an	d fram the causes stated
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TO HOSPITAL etoined by to TO FUNERAL should be det	MPORTANT		226 PHYSICIAN'S NAME (TYPE	OR PRINT)	22¢ ADDRESS		
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DHMH - (6 50M 1 (VRA 15, 4)	/81	24 F	UNERAL DIRECTOR Duda-	-Ruck Funeral Hor Wise Ave. Dund	me of Dundalk	JE PEG. BY REGISTRAN 256. REGISTRAN	Serdiamon

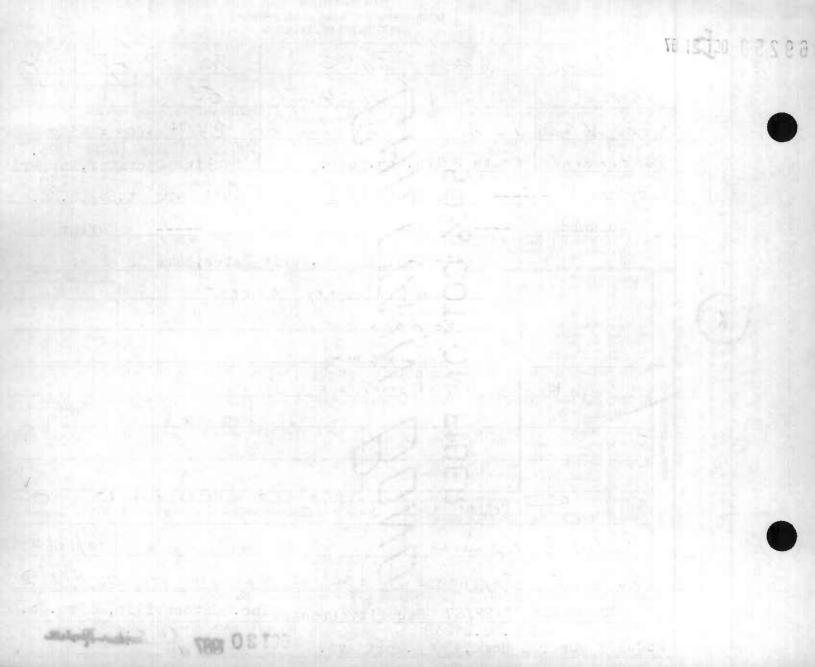
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH 2b. HOUR 067,86,2 OCT Basile 10-4-87 Charles P. 10:00 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 1 SEX 6-4-1917 70 yrs. Caucasian Male BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIER NEVER MARRIED New Jersey USA Baltimore City DIVORCED [ WIDOWED 12a LISUAL OCCUPATION 126 KIND OF BUSINESS OR D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Drive Type of work for most of working Life) Machinist id. Cup Corp. Baltimore ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13a STATE 13h COUNTY 131. CITY OR TOWN 21213 Balto. 3855 Shannon Drive Md. 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME unknown Catherine Basile James ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 3855 Shannon Drive 2121 213-03-6417 Laura Basile WWII ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY-ARDIAC ARREST MMCO ITTE IMMEDIATE CAUSE 10 corbon DUF TO OR AS A CONSEQUENCE OF DISENSE sutemic Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost produced ARTBRY DISENSE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? ental Hyg 2 In ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIFEITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY COLINITY STATE CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC 1 WHILE NOT WHILE 220.1 certify that (Dithis hospital) attended the deceased from JULY 4 OCTOBE SEPTEMBEL 10 8 sow the deceased alive on above. (Newe) (did) aid no and that in my) (our) opinion death accurred on the date and hour and from the causes stated rould be detoched of the State Dept 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 224 PHYSICIANS NAME (TYPE OF PRINT) Union Memorial Hospital Dr. GEorge Moran 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE Balto., Md. STATE Burial 10-7-87 Parkwood Cem. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Schiminek Funeral Home, Inc. DHMH - 16 60M 7/B4 3331 Brehms Lane, BAlto., Md. 21213 (VRA 15, 4)

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			,	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H	YEINE 2 8	400
	-		1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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	a po		3. SEX	111/-	1. RACE	5. DATE OF BIRTH	6. AGE [IN YEARS LAST BIRTHDAY]	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	ige 4 rectar urs of		,	MALE	CaucasiN	09-24-24	63 YRS.	
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YLA	this shall be		14 FA	THER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN	NAME	
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FVII	ohys ifico	0		OR CONTRIBUTING CAUSE OF DEAT	110110 1 11 11011711 D	AY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
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	he the		MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
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	Direction of the polymer of the poly			226 SIGNATURE	0 1	DE GREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
	4 + + + = -			Notael E.	Espension	PHYSICIAN	DIRECTOR PHYSICIAN	10/19/87
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	TO FUNERA should be d with the Sta			Rafael E.	Espinosa	300 / 5.	Handver St	BaH MD
	7 € 5 € 3 ₹			URIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATOR		
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	HMH - 16 60M 7	/84	24 FL	NERAL DIRECTOR Bal	to .Md .21230		DATE REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE
	(VRA 15, 4)		Me	Cully Funera	1 Home, 130 E	Fort Ave.	20 1987	widow-handest
				V		7 44 7 7		



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2 8 8 OCT 2	h.	FOR STATE			DEPART		EALTH AND MENTAL H	YGIENE	S. F.		
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and and	10°C	ITY OR TOWN OF DEAT	н 11		HOSPITAL, NURSIN		OR OTHER INSTITUTION	17a USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSINESS OR
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and and	LUSU LUGU		3b COUNTY		BALTIMO		136 INSIDE CITY LIMITS	13e STREET ADDRES	S / ZIP CODE		
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d 22 s	14. F/	ATHER'S NAME	MI	DDLE	STREA	O M.C.	15 MOTHER'S MAIDEN			145	AMLET
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0 6 0	160 \	VAS DECEASED EVER IN YES NO OR UNKNOWN) NO	U.S. ARMI		214-64		17 INFORMANT	E STREAMS	255 CC	OLVIN	STREET
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nove contion,		Conditions, if any, a	which	(b)	Intracere	pr21.	Homorrhage			89	145
ose regn I, crema ather tr		couse (a), stating underlying couse	the	DUE TO, O	R AS A CONSEQUE					10	
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to bur	Z	PART 2 OTHER SIGNI	FICANT CO	NDITIONS CO	ontributing to 1	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	)NDITION GIVE	EN IN PART 110	D
prior I	CERTIFICATION	19a DATE OF OPERATION	ON	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	NGS LISED
W De S	FIG							YES NOT	IN CERTIFY	YING CAUSES	OF DEATH?
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事業長日		OR CONTRIBUTING CA			M. MONTH D						
Menion He	MEDICAL	214 INJURY OCCURRE		21e PLACE		19	21f LOCATION				
the ond	N.	WHILE NOT WHILE	ε Π		REET FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR	TOWN	COUNTY	STATE
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TOR of He		sow the deceased	olive on_	10/	16 19		nd that in my) (our) apini	on death accurred on the	date and hour	ond from the	
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H H		Page	RO	and the	t 1	mo	ATTENDING	MEDICAL ST	TAFF	101	16/87
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should be diwith the Sta		Roger	56	1) um	estral	M.D.	600 N. WOLH		, MO =		
Show with	23a.	BURIAL, CREMATION, RI	EMOVAL	23b DATE	[236]	NAME OF C	EMETERY OR CREMATOR				
		(SPECIFY) JRIAL		10/22			BURN CEMETI	CITY OR TOWN	ORE	COUNTY	STATE MD
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	oth. Pag	Thour hour	0	(	RTHPLACE (STATE OR FOREIGN OUNTRY) RTH CAROLINA	76. CITIZEN OF	WHAT COUNTRY?	8	□ NEVER M		9 BALTIMORE	16	NTY OF DEATH	MD
10	ofter de	P. Company	7	10 CI	TY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET: RSITY HOS	G HOME C		-	12a USUAL OCC (TYPE OF WORK FOR	UPATION MOST OF WORKIN	12b. KIN IG LIFE) INDUST	D OF BUSINESS OR
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DIVISION OF VITAL RECORDS,	NDING PHYSICIAN:	se os the buriol-tran ealth and Mental Hy marked or Hem 18	7	MEDICAL CE	21a, ACCIDENT WAS UNDERCTING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	F DEATH HOUR A  P  2 le PLACE (AT HOME, ST	.M. MONTH DA .M. OF INJURY IREET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION IN STREET		RED (ENTERNATURE	OF INJURY IN ITEM	COUNTY	
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	TO HO				URIAL, CREMATION, REMO		23c. 1	NAME OF C	EMETERY OR C	REMATORY	23d LOCATIO	ON OWN	COUNTY	STATE
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		16 60M 7/8 A 15, 4)	34	24 Pl	LEROY M & RUS 1630 EDMONDSO	SELL C WI N AVE CAT	TZKE FUNE ONSVILLE	RAL H MD 21	OMES 228	OCT	E REC'D. BY REG	7 Julia	GISTRAR'S SIGN	pondette !

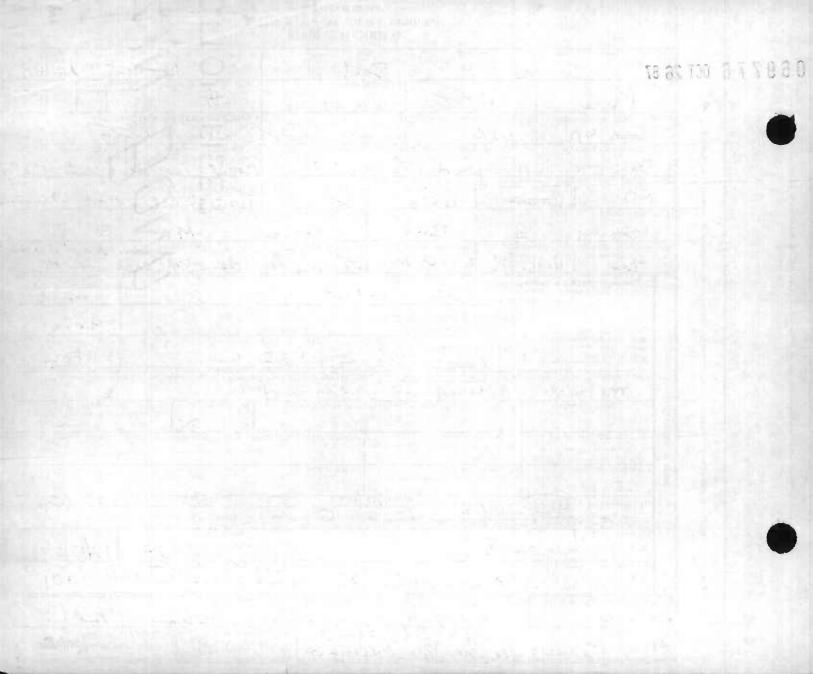
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a)	∑222₹	1	1009100	11 17 56	Seyrs.		DEAD			4/ 1987	ам
	NEGESSARY, PLEASE UNREAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W FRESTON STREET,		IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8. MARR	IED NEVER MARE	PIED 8. BALTIMO	DRE CITY OR	COUNTY	OF DEATH	
	S NECESSAR FUNERAL I F 5 FOR YC D, WITHIN W PRESTOR		Md	4.3.77		VED DIVOR	2002	timore		,	MD.
6	Y SEGEN	) 10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	STREET ADDRESS)	HER INSTITUTION	120 USUAL OCCUP	ATION (TYPE OF	WORK 176	OR INDUSTR	SINESS
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Å.	TH. 1.2	15	ATHER'S NAME  1. FIRST 7 2/ 00	WIDDLE	LAST	15 MOTHER'S MAID	ENNAME	099	1	/ LAST	
ORE,	2012 20	1/	and Do Thille	4 Dean	XV7.	Mary di	hereoa 1	sor un	ntce	20	
IIM	SE S	16a \	WAS DECEASED EVER IN U.S. ARM (ES, NO, OR UNKNOWN) (IF YES, GIVE W	ED FORCES? 166. SC	OCIAL SECURITY NO.	IT INFORMANT	n 11. 6	ADDRESS	00	302/	21=
BALTIMORE	URS AFTER E 8. GIVE PA WITH FOR IT. PAGES I DIVISION		No	120	66 4686	Preces	la nome	H Dele	n 20	ゴスル人	aver
;	18. W.		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one couse per line far (a), (	b), and (c).)				,	APPROXIMATE	INTERVAL AND DEATH
PRESTON ST	AL HO			E CAUSE (o)	Mult	iple Gunsh	ot Wounds	(unspec	cirie	a)	
ESTO	N A A LO			DUE TO, OR AS A CO	INSEQUENCE OF						
	WITH SAN PAL PAL		Canditians, if any, which gove rise to immediate	(b)							
×.	AMINA PEN	100	cause (a) stating the <u>under</u> - lying couse lost.	DUE TO, OR AS A CO	NSEQUENCE OF	- 1 V					
201	EXECUTED NG" IN PR ICAL EXAM N BURIAL 1 AND MEI WATION, O			(c)		- 12 A Francis					
RECORDS,	HOULD BE EXECUTED WITHIN 24 HOUF RB "FENDING" IN PENCIL IN ITEM 18. CHIEF MEDICAL: EXAMINER ALONG W IL USED AS A BURIAL: TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D URIAL, CREMATION, OR REMOVAL	1	PART 2 OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RE	LATEO TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN P.	ART 1 (a).				
5	AS AS AS CRE	CERTIFICATION							9		
	A FEE	NA N	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION V	/AS PERFORMED?			2	20 AUTOPSY?	
VITAL	WORD WORD # CHIE ENT OF	1 1	OL EVIERNIAL CAUSE WAS	AU 7105 OF 1115						YES 🔀	NO 🗌
DIVISION OF	A Men A		210 EXTERNAL CAUSE WAS UNDERLYING & OR	11b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	OW INJURY OCCURR	ED LENTER NATURE OF INJU	PRY IN ITEM 18 PAR	T I OR PART 2)		
o o	SAN TO THE	MEDICAL	CONTRIBUTING CAUSE OF DI			ubject sho	t				
IVIS	CERTIF ITING DED TO 3 SHO DEPAR 1 PRIO	VED	WHILE NOT WHILE	21e PLACE OF INJUR STREET, FACTORY, FARM,	ETC.)	CATION	CITY OR TOW	'n	COUNTY		STATE
۵	MER. THIS CERTIFICATE SHOULD ATE, WRITING THE WORD "PEI FORWARDED TO THE CHIEF MOR, PAGE 3 SHOULD BE USED A HE STATE DEPARTMENT OF HEA ND, 21201 PRIOR TO BURIAL.	1	WHILE NOT WHILE AT WORK	apartmen	t at 471	8 Wakefiel	d Ave., Ba	lto. C.	ity, i	Md.	
			22a. I certify that I took sharge	of the remains described ob	nove, held on Autop	sy X. Inspection	n . Inquiry	ond i	n my opinio	on	-
	EXAMINER: CERTIFICATE OULD BE FOR L DIRECTOR: 1, WITH THE S MARYLAND,		death resulted from Majora	Accident	, Suicide	, Homicide X	Undetermined ma	nner [],			
	EERT DIRE		11/1	V/ Wh		TITLE (SPECIFY)					
	A HE HE WALL	-	ACTUAL SIGNATURE	- I guir	N	.D. Assistan	T_MEDICAL EXAM	INER	DATE SIGNED_	10/4	/87
	MEDICAL CUTE THE SE 4 SHO FUNERAL FINERAL	/	EXAMINER'S NAME Char	-l D 1							
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FR TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALTIMORE, MARYLAN	-	(TYPE OR PRINT) CHAI	cles P. Kokes	, M.D.	ADDRESS11	1 Penn St.	, Balte	o., M	d. 212	01
	E24204	23a.B	URIAL, CREMATION, REMOVAL 23	101	NAME OF CEMETERY		23d. LOCATION CITYOR TOWN	1	(office)	SHI	07 2
07/84 25M	BP		112/11/11/11/11/11	0/8/87 /	Mennetu	I (Ilm.	14/10/10		1/0	246	4
23/4	DHMH - 17	24 F	UNERAL DIRECTOR	ADDRESS /	· AT	- 00 250. DATE	REC'D. BY REGISTRAF	256 FEGISTI	RAP'S'SIGN	VATURE	44.
	(VR A15 ME (5))	X	Othe Junes	Henra 130.	41) Centr	Way OU	1 190/	0			E) Y

7067	U NOV -	- 0	FOR STATE REGISTRAR			AENT OF HI CERTIFI	E OF MARYLAND A SIEALTH AND MENTAL HYGI FICATE OF DEATH	REG. NO.	41	2
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e 4 moy b	s ofter deat	3. SE)	PAUL X M	4. RACE		5. DATE O		OCTOBER 27, 6 AGE (IN YEARS LAST BIRTIMDAY) 60	MONTHS DAYS	
eoth. Pog	uneral dire	· ·	SIRTHPLACE (STATE OR FOREIGN COUNTRY) N. Y.	USA		MARRIED WIDOWEI	D NEVER MARRIED X	9 BALTIMORE CITY OR COUN BALTIMORE	NTY OF DEATH	MD
rs after d	by the full	E	BALTIMORE	(IF NOT IN SUCI	JOHNS HOP	IG HOME O ADDRESSI PKINS	OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Administrato	G LIFE) INDUSTRY	of BUSINESS OR Y Spital
24 hou	filled in	13a. S		rother institution. NTY cimore	130. CITY OR TOWN TOWSON	N I		13. STREET ADDRESS / ZIP CO	illes Ci	ircle 7-0
MARY!	opletel and 2 s	2	ATHER'S NAME Charles ]					eore Evans	t,	ASI
I MORE	11		WAS DECEASED EVER IN U.S. AR. (YES NO OR UNKNOWN)   (IF YES, GIV	RMED FORCES? IVE WAR OR DATES)	166 SOCIAL SECUR 115 16 84		Mrs. Janice	Wells Quaker l		llins, NY
BAL.	1	- set	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	nly one couse per ED BY (TE CAUSE (o)	r line for (o), (b), and Abdomn	LM	testral pe	rforation	BETWEEL Z	NONSET AND DEATH
DS, 201 W. PRESTON quires that the quality	signed by the unfined hen place High con- to burned and and ideal	Z	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost	(b)	OR AS A CONSEQUENT ATO S  ONTRIBUTING TO D	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (	3IVEN IN PART 1	4r - 415.
AL RECORDS,  he low required on.	hos been ene prior	CERTIFICATION	190 DATE OF OPERATION	19b. COND.	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED		YES, WERE FIND RTIFYING CAUSE YES	
DIVISION OF VITA  NG PHYSICIAN: The	certificate urial-transit tental Hygie Item 18 str	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HATH HOUR A./	.M. MONTH DAY	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM )		
NG PHY	After this e as the bualth and M.	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		REET, FACTORY OFFICE FA		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OR ATTENDI	ched for us bept. of He hem 21 is		22a.1 certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATUR)	10/2:	7/8+ 19	, on	DEGREE	deoth occurred on the date and h	hour and from th	that (I) (we) lost ne causes stated
- 0	should be defact with the Stote D		224 PHYSICIAN'S NAME (TYPE)	DR PRHATY  ), Hun	nunc2		220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	all.	1927K
ဠ <del>ရိ</del> BP		230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	10/31			EMETERY OR CREMATORY  ew Cemetery	23d LOCATION CITY OF TOWN Springville	N. Y.	STATE
DHMH -	1 - 16 60M 7/84	24 FL	UNERAL DIRECTOR  ITCHELL-WIEDEFE	ID HOME		HILL		TE REC'D, BY REGISTRAR 756, REG		<b>SUPLACE</b>

APPROPRIES FOR BUILDING

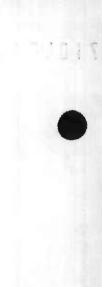
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1-1-K1 F	OR	DEP A DTAA	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY	GIENT Z. O	5
- S		DEI ARTM	CERTIFICATE OF DEATH	REG. NO.	
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	ale	Write	10 - 24 - 18	68 YRS.	
£ 70 € COL	UNIRY)	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALLIMORE CITY OR COUNTY	-
e c	OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING	WIDOWED DNORCED	120, USUAL OCCUPATION	MD.
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C = 130 CTA	RESIDENCE (IF NURSING HOME OR CATE 136 COLIN)	THER INSTITUTION GIVE RESIDENCE BEFORE	DMISSION) 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS ZIP CODE	
AND 224	10 3	B.Qto	YES NO		1 Steet 21730
E 5 5 5	HER'S NAME	IDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST
N P E C	Charles	4. Bell	o laira c	Mn	Bury
	S DECEASED EVER IN U.S. ARN NOOR UNKNOWN) (IF YES, GIVE	WAR OR DATES   16b. SOCIAL SECUE		ADDRESS/aged	eng. Med. 21122
S. P. S.	Tes Will	10 110	- Journa	. Dell 254 Dea	churod Re.
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hos the permit of the permit o	DATE OF OPERATION	196 CONDITION FOR WHICH	DPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \begin{array}{cccccccccccccccccccccccccccccccccccc
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N OF VITA Ng physicin ng physicin certificate entol Hygi ttem 18 sh	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	19		
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		attended the deceased from	9/10/87 1987	10 10/19	19 87 that ( we) lost
ATTE Sspire CTO GCTO d for n 21	saw the deceased glive an abave (1) (we) (did) did not)			death occurred on the date and hav	
A D O D O T	79 SHONATURE	AN	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
At O Had O detoc detoc ote D ote D	M PHYSICIAN'S NAME (THEOR		PHYSICIAN	DIRECTOR PHYSICIAN	10/19/87
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	icial	10-23-1987 4	esten Consten	Bacterino	COUNTY STATE
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(VRA 15, 4)	inf. (Cower of		Wollins St. 100	1 43 1987 1 20	andoon-handante



STATE OF MARYLAND

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h. P. S. hold		RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF WHAT	COUNTRY?	MARRIE	NEVER MARR	RIED 🗆	BALTIMORE CITY OR COUN			
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MORE, M.		AS DECEASED EVER IN			SOCIAL SECU		17 INFORMANT		ADDRESS			
in ond or Poges		NO	10 163 0116 11		3-16-	5558	A MARY	BEI	L 2320 E. CH	IASE	STI	REET
on ST., BALTII h certificate be ding physicion or removal.		18 CAUSE OF DEATH PART 1. DEATH WA	Enter only of SCAUSED B		141-01	AC			MMIA	_	BETWEEN	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours or oftending physicion.  Viter this certificate has been signed by the aftending physician and completely filled in by as the buriol-transit permit. Then please remove carbanopers. Pages 1 and 2 should be file the and Memial Hygiene prior to buriol, cremotion, or removal.  orked or frem 18 shows any injury, or other traumatic event, the medical examiner must be to a standard or frem and a standard or frem a standard or frem and a standard or frem and a standard or frem a standard or frem a standard or frem and a standard or frem a st		Conditions, if any, gove rise to imme couse (a), stating underlying couse	diate the lost.	DUE TO, OR AS A	ASC A CONSEQUI	NCE OF			COPATHY			
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he low re-	CERTIFICATION	190 DATE OF OPERATH	ON	196 CONDITION	FOR WHICH	OPERATIO	N WAS PERFORME		200 AUTOPSY? 200. IF	YES, WE	RE FINDING CAUSES	OF DEATH?
ON OF VITAL RI VYSICIAN. The k ding physicion. Is certificate hos burrol-tronsit per Mental Hygiene or frem 18 shows		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA	USE OF DEATH	21b. TIME OF INJI HOUR A.M.	MONTH D	Y YEAR		Y OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM		OR PART 2)	
DIVISION O DING PHYSIC or ottending After this cert is os the buriol ofth and Menti marked or then	MEDICAL	214 INJURY OCCURRE		21e. PLACE OF IN (AT HOME STREET, FA	JURY CTORY OFFICE F	ARM ETC )	21f LOCATION STREET		CITY OR TOWN	-	COUNTY	STATE
TTEND pitol or USE. A for use of Heal		22a I certify that (I) (I sow the deceased above, (I) (we) (die	olive on	ottended the decree - 3	0- 19 8	بر ر	d that in (my) (our)		, to	_, 19		that (I) (we) lost couses stated
TAL OR AT TAL OR AT RAL DIREC detoched f detoched f Inter Dept		22b. SIGNATURE  McC	2e-	1 ASC	en	n	1-1) PHYS	NDING	MEDICAL STAFF DIRECTOR   PHYSICIAN		M/S	SIGNED
TO HOSPITAL OR A TO FUNERAL DIREC should be detoched with the State Dept IMPORTANT: if hem		226. PHÝSICIAN'S NAA		FHSS			22e ADDRESS		ш			/
BP	23a. E	URIAL, CREMATION, RI SPECIFY BURIAL		236 DATE 11/6/87			T 1 PAR	K.	23d LOCATION CHY OR TOWN LAUREL		YIML	M D STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		JNERAL DIRECTOR	RCH_F	/н 1101	ADDRESS N	ORTH	AVENUE	NOV	RECTS BY REGISTRAR 25 M REG	STRAR'	SSICOLAT	ytes.



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		ACHOR		3. SEX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEA		DER 1 YR.	IF UNDER		2c. DATE		MON		YEAR	2d HOUF
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18 CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)	4	2000		FIRST	MIDDLE	LASI		Mall	V BIRO	0K5	LASI	
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ORE,	76	1	WAS DECEASED EVER I		SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		M. I
BALTIMORE,		for	(YES, NO OR UNKNOWN) YES	WW 1 22	20-07-2921	Mrs. Cynthi	a A. Bennett	Reisterstown	
BAL	- 1 T		18 CAUSE OF DEATH PART 1. DEATH WA	(Enter only one cause per time	for (a), (b), and (c).)	011 -	1111	APPROXIMATI BETWEEN ONSE	ETAND DEATH
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× .	y the		cause (a), stating underlying cause		A CONSEQUENCE OF				
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VIT.	hysica cote ronsit Hygir	1	210. ACCIDENT WAS UNDE		JURY MONTH DAY YEAR	21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
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SIOP	this this dor		(IF EITHER NOTIFY MEDIC	(AT HOME, STREET, I	NJURY FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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5	in the state of th	2	BURIAL CREMATION, R	REMOVAL 23b. DATE	231 NAME OF	CEMETERY OR CREMATOR	RY THURCATION	11/00	
	BP		Burial	Sept.4,8		ney Valley	Cockeysv	ille;∾Md.	STATE
D	HMH - 16 60M 7/8	2	FUNERAL DIRECTOR			25a.	DATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATUR	Lette
D	(VRA 15, 4)		Eline Funer	al Home Reis	terstown, Mo	1. 21136 S	EPO3 1987	an Jandson-More	-

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND STATE CERTIFICATE OF DEATH OCT 14 87 REGISTRAR REG. NO L DECEASED NAME LAST 20 DATE OF DEATH MONTH 7b. HOUR TYPE OR PRINT 73 r death 10 GERTRUDE BENSER A. & AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 MPS 4. RACE 5. DATE OF BIRTH 3 SEX 1900 Female White 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City U.S.A. Maryland WIDOWED DIVORCED X 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR IO CITY OR TOWN OF DEATH NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 3207 Eastern Avenue Clerk Baltimore Laundry USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 3207 Eastern Avenue 21224 Maryland Baltimore 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Virginia Maggie Armistead Harry Benser Mrs. Hattie Dieteman. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 3410 Dillon Street IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-09-2158 Baltimore, Md. 21224 No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PARTI DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 7 FEW ABDOMINAL PROCESS Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a DIVISION OF VITAL RECORDS, AREVIOUS FICATI 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES T NO [ 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210. ACCIDENT WAS UNDERLYING 60 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL 19 LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21. PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased fram\_ saw the deceased alive an abave, (I) (we) (did) (did not) view the body after death. ... and that in (my) (our) apinion death occurred an the date and hour and from the causes stated 22c. DATE SJGNED 226 SIGNATURE DEGREI ATTENDING MEDICAL ± old be deta the State [ PHYSICIAN | DIRECTOR | PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME ATYPE OF PRINT with 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN Burial Baltimore 10-10-87 Oak Lawn Cemeterv Baltimore Md. Ann Sa Matthews, Matthews Funeral Home BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) 3021 Eastern Ave., Baltimore, Md. 21224

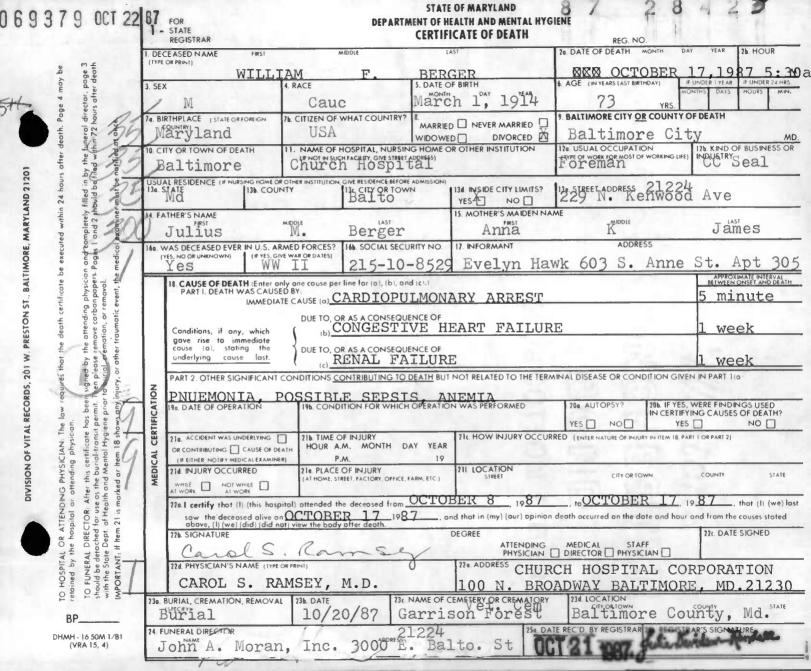
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OR he		The SIGNATURE	engl Co	ah		(	DEGREE ATTENDING PHYSICIAN		STAFF PHYSICIAN M	22c DATE	SIGNED 7
O HOSPITAL O HOSPITAL TO FUNERAL Should be det wwith the Store		172d. PHYSICIAN'S	(NO	AI - FUN	161		South Be	1 ltimore	6eno	10 lb	SD
5 5 5 ₹ ₹ ₹ ₹ <b>₹</b>		BURIAL, CREMATIO	N. REMOVAL	23b DATE	23c 1	NAME OF C	METERY OR CREMATOR	Y 23d LOCATIC		COUNTY	1
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(VRA 15, 4)	L	Hubbard Fi	uneral	Home, In	nc. 4107	Wilke	ens Ave.	OCT 301	987 /	- Since	Ludes-

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STATE OF MARYLAND

688 OCT	E TOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	O 4-1 was w.
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9 0	Michael 160 WAS DECEASED EVER IN U.S			ADDRESDela	aware 19958
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the b	18. CAUSE OF DEATH (Ente	only one couse per line for (a), (b),	and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
phy npo mov	PART I. DEATH WAS CA	USED BY. DIATE CAUSE (a)	es		24h
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	seed the deceased aliv	e on 10 - 20 19	\$7, and that in (my) (our) opinion	in death occurred on the date and h	our and from the causes state
R ATTEN hospital IRECTOR hed for u tem 21 is	775 SIGNATURE	ew the body after death.	DEGREE		22c DATE SIGNED
the It of the Person of the Pe	Lannon	ak LOOD	OPTUD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-21-8.
O HOSPITAL Igned by the Could be de- ould be de- ith the State	NAPHYSICIAN'S NAME I	Aut On Lawrell	27e ADDRESS	E Succion I inscind	
TO FUI should with th	230 BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATOR		round.
BP	Cremation	10/22/87	Westview Memorial	Pk Catonsville	Balto
	24 FUNERAL DIRECTOR		25a D	ATE RECD. BY REGISTRAR 256. REG	ISTRAR'S, SIGNAPURE
DHMH - 16 60M 7/84	George J. Gonc	e 4001 Ritchie Te	wy Balto Md   OC	T 23 1987	Driver Je Verran

DHMH - 16 60M 7/84 (VRA 15, 4)



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n and con medical		VAS DECEASED EVER VES, NO OR UNKNOWN) Yes	U.S. ARMED F	OR DATES)	18-2913	Mrs. Virgi	ADDRESS nia D. Bertazon,	, same as #13e
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O HOSPITAL OR AT etorned by the hosp to FUNERAL DIREC! should be detached fowith the State Dept. or MADORTANT: If hem?		274 SIGNATURE 274 PHYSICIAN 9 NA			11	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN D	222 DATE SIGNED
TO HOSP	23a	BURIAL CREMATION.	REMOVAL 236	n, Jr, M.	23¢ NAME OF	L CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STA
BP		Burial JNERAL DIRECTOR	1	1-4-87		oly Redeemer	Baltimore, M.	aryland  ISTRAR SIGNATURE
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ING PHY r offerthis as the bu th and M orked or	MED	21d INJURY OCCUR	SMOH TA)	CE OF INJURY STREET FACTORY OFFICE		OCATION	city	ORTOWN	COUNTY	STATE
R ATTENDIN haspital or in RECTOR afti		saw the deceas above (1) we (1)	this hospital) attended and glive an did (did not) view the bo	10/26 19	87, and tha		nian death accurred an	he date and		
the contract of the contract o		226. SIGNATURE	W Drelo	( MD	M.J	ATTENDIN PHYSICIA ADDRESS	IG MEDICAL	STAFF HYSICIAN 1	/ nc DA	126/87
TO HOSPITAL TO FUNERAL Should be det with the Store		Nevin	s W. Tod	ld M.	D 3	01 84.	Paul Place	31	Mt. M	21202
BP		BURIAL, CREMATION, (SPECIFY) Remova J.	236. DATE 10-3		NAME OF CEMET		CITY OR TO	NH	COUNTY	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR	atomy Boar	ADDRESS	alto., N	25a	DATE REC'D BY REGIS	RAR 256 REG	Javidon-	Handale

10-17-87

John C. Miller, Inc. 6415 Belair Rd. -21206

22d PHYSIC HAN'S NAME (TYPE OR PRINT

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

- STATE

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

CERTIFICATE OF DEATH

REG. NO

2b HOUR

IF UNDER I YEAR

1 . 10 AM

176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Home Maker 130 STREET ADDRESS / ZIP CODE 2830 Pelham Ave. -21213 Webb ADDRESS Morris Betz - 2830 Pelham Ave. -21213 APPROXIMATE INTERVAL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED 20n ALITOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2) and that in (my) (and apinian death occurred an the date and have and from the causes stated 220 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 234 NAME OF CEMETERY OR CREMATORY CITY OR TOWN STATE Baltimore, Maryland-Oak LAWN Cemetery Julia Divideon.

DHMH - 16 60M 7/84 (VRA 15, 4)

3		1-	Item #11 FOR STATE REGISTRAR	1,17,	G 633 11,	19/87 EVSTA DEPARTMENT OF DICAL EXAMIN	HEALTH	AARYLAND A AND MENTAL CERTIFICATE		2 REG.	8	2 :	
070	PREASE COOK STREET, NOV STREET	118	PEASED NAME OR PRINT)	ANTH	OLAT	AMES		VERLY	DE	ATE KNOWN OF ESTI- EATH MATED	₩ MONTH  10	DAY YEAR 2819 87	26 HOUR
	2 2 - v	K	Male B1	ack					MIN. PROM	DATE NOUNCED DEAD	10	2819 87	6:08 AM
0	IS NECESSARY, E FUNERAL DIR E S. FGR YOU ED WITHIN 72	N	IRTHPLACE (STATE OR DREIGN COUNTRY)  Lary Land	-	U.S.	A.	WIDOW		RCED .	Baltimore city	ore Cit	ty	MD
4	> E0 E8	J	altimore		Johns H	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) OPKINS HOST	oital	ier institution		CCUPATION (		OR INDUST	
	H. IF ANY DELA 1, 2, AND 3TO 3, RETAIN P SHOULD BEA	Was	aryland	136 COUNT		PEATTIMO	re	YES NO			lvede	2123	
	エニュウモアルイ		James		U.	Beverly		Sally		Ann		Hulber	
	URS AFTER DEAT WITH THE PAGES WITH T	160.	WAS DECEASED EVER (VES. NO. OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	218-82-2			Beverly	123 <b>5</b>		212 lvedere	e Ave
	EXAMINER: THIS CRETIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AF ICENTIFICATE, WRITHIN 24 HOURS AF ICENTIFICATE, WRITHING THE WORD "PENDING" IN DENCIL IN ITEM 18. GIVEN DIUD BE FORWARPED TO THE CHIEF MEDICAL EXAMINER ALONG WITH LOIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGE, WITH THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE, DIVISION ARRYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	Conditions, if a gave rise to cause (o) stating lying couse last.	IMMEDIAT iny, which immediate the under-	CAUSE (o) Ha DUE TO, OR  (b) DUE TO, OR  (c)	AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE TERM	OF		PART Liui.				
	TO INAL RECORDS TE SHOULD BE EXE WORD "PENDING THE MEDICAL DE CHEF MEDICAL DE	CERTIFICATION	19a DATE OF OPERA	TION	1% CONDIT	antibody trion for which oper	RATION W	POSITIVE PERFORMED?				20 AUTOPSY	, NO []
	THIS CERTIFICATE S WRITING THE WC WARDED TO THE AGE 3 SHOULD BE TATE DEPARTMENT 21201 PRIOR TO BL	MEDICAL CERT	21a EXTERNAL CAUS UNDERLYING CONTRIBUTING CONTRIBUTING COCURR WHILE NOT AT WORK AT WORK	OR CAUSE OF C RED WHILE	21e PLACE C	INJURY  MONTH DAY YEA  X 10-28-19 {  OF INJURY (ATHOME.  FORY, FARM, ETC)  E station	87 Su	bject han cation sireet  CEDISON	ged self	ORTOWN			STATE MID
•	MCAL EXAMINER: THE CERTIFICATE, V SHOULD BE FORWAVE REAL DIRECTOR; PAREATH, WITH THE STA ORE, MARYLAND, 21		220. I certify that I death resulted from:	took chorge Noture	e of the remains des	cribed obove, held on Accident , S <u>r</u>	Autop vicide X	, Hamicide TITLE (SPECIFY)		quiry ,	ond in my op ], DATE SIGNE	pinion ED 10-28-	
	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUND TO FUNERAL DAFFER DEATH.	23a.E	(TYPE OR PRINT)			M.D.	METERY O	ADDITE OUT	Penn St	ION	co., MI		
07/ 25A		24 F	urial uneral director NAME arshall W	Jon	10-31-8 es.Jr F	37 Mt. Zi .H. 4101	2122	emetery		simore	City EGISTRAR'S S	Md.	4

AND ASSOCIATION OF THE PARTY OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL HYGI	IENE REG. I	VO.		
2.4	ASED NAME FIRST	A	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
TYP	E OR PRINT) Mable	V	$\gamma$	R	ickol	11	5/29	187	7:04 PI
3.58		4 RACE			OF BIRTH	6. AGE (IN YEARS LAST E	IRTHOAY)	IF UNDER 1 YEAR	
1	F	(L)		MONT	DAY YEAR 25 1907	80	VDC	MONTHS DAYS	HOURS MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	1901	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	Balto, Md.		TICLA	MARRIE		Baltimo		City	
	ITY OR TOWN OF DEATH	11. NAME OF		WIDOW	ED DIVORCED OR OTHER INSTITUTION	12a USUAL OCCUPA			MD.  OF BUSINESS OR
	Doltimana	(IF NOT IN SUCH FACILITY, GIVE STREET		DDRESS)		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
	Baltimore  AL RESIDENCE (16 NURSING HOME	F'ranc			y Med Ctr	Homemal	cer		
110	STATE 136 CO	UNTY	13c. CITY OR TOWN			13e STREET ADDRESS		E	2/12/201
VA.E.	Md .  ATHER'S NAME	Balto	City		YES X NO 1		last A	Ave.	1001
0	FIRST	MIDDLE	LAST		FIRST	MIDDLE		ŁA	ST
Street, or other Designation of the last o	Henry	F	Bick		Anna	K	Paul	us	<u> </u>
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADD	KE35		
	no		215-50-	-199	O George C.	. Mertel	346_	S. Bou	ldin St.
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OI  T CONDITIONS CC  196 CONDI	ITION FOR WHICH C	NCE OF	T NOT RELATED TO THE TERMI	20a AUTOPSY?	206. IF YE IN CERTI	S, WERE FINDI FYING CAUSES ES []	NGS USED
N	OR CONTRIBUTING CAUSE OF E	DEATH		19					
MEDICAL	21d INJURY OCCURRED  NOT WHILE  AF WORK	21e PLACE		RM, ETC J	211 LOCATION STREET	CITY OR	OWN	COUNTY	STATE
	220   certify that (1) (this hospital) attended the deceased from								
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								29/87
	CLI HOTO	S. T.	1 te hell		FSKM				
230	BURIAL, CREMATION, REMOVA			AME OF C	CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Burial	11-2-	87   E	Balt	imore Cemet			-City	Nd.
24 F	UNERAL DIRECTOR				25a. DATE		R 256. P. GIS	TRAFIS SKONA	HIR and all
J	ohn A Moran	Inc. 30	00 E. Ba	lto	, St. Ul	130 1981	0		

DHMH - 16 60M 7/B4 (VRA 15, 4)

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The state of the s

			FOR		DEPART		E OF MARYLAND  EALTH AND MENTAL HY	1 2	8 4 0	61
1601	3 5 8 OCT 14	-راه	STATE REGISTRAR	,	DELWA		ICATE OF DEATH	15.460 1 - 110		
000	230 001 14		CEASED NAME FIRST		MIDOLE		AST	REG. NO.	ONTH DAY YEAR	2b HOUR
	e e t	(TYPE	OR PRINTI		E	0		10/7/87		12:15pm
	noy be poge 3 or death	3. SEX	Van	4 RACE	8	S. DATE C	DE RIPTH	6. AGE (IN YEARS LAST BIRTHO	MAY IF UNDER 1 YEA	
	ofte.	3 367	0- 1			MONTH		80	MONTHS DAY	
	B 15	70 DIE	RTHPLACE ISTATE OR FOREIGN	W K	WHAT COUNTRY		1/07/67	9. BALTIMORE CITY OR C	YRS DE DEATH	
	1 ED 45		OUNTRY	U 3		MARRIE	NEVER MARRIED	S BALTIMORE CITY OR C	COUNTY OF DEATH	
100	1	10 (2)	TY OR TOWN OF DEATH			WIDOWE	D DIVORCED DIVORCED	12g. USUAL OCCUPATION	1 126 KIND	Cety MD.
get	1 1 2/	C.		(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST OF W		
201	12/		altimore	The	runcis	Scett	here Medical Ca	Teacher	Balto. Co.	MD
021	2 82 26	13a S		JNTY	13c CITY OR TOV	AN TE ADMISSION	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	IP CODE	
N N	1200			timore	Dus	ALK	YES NO X	13300 COBA	uwallRD	
RYI	11812	J-FA	THER'S NAME FIRST	WIOOFE	LAST		15 MOTHER'S MAIDEN NA	WE		21225 TAST
W	# WX29	_	ames	S.		wood	Lillian		Honak	ker
ORE,	1 91/14		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRESS		
BALTIMORE, MARYLAND				II	219-16	-0562	Nellie Bigv	vood 3300 Cor	nwall Rd.	21222
BAL	hysica popers ovol. nt, th		18 CAUSE OF DEATH (Enter of	anly ane cause pe	r line for (a), (b), a	nd (c).1			APPRO BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
F	p phy on p c emo		PART I. DEATH WAS CAUS	ATE CAUSE (a)	Cardia	cen	· c			
N C	h ce ding or r			DUE TO, C	R AS A CONSEQU	ENCE OF				
PRESTON	e deot e otten nove c rotion, troum		Conditions, if any, which	(b)_	Mass		· tem-nela	me e		
	the ere		gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQU	ENCE OF				
*	by by sase ol, cr		underlying cause lost	(c)_	and the same of th	red	Abdoni	ral Arew	45.00	
, 2D1	gned an ple buris		PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PART	1(a)
DIVISION OF VITAL RECORDS,	equir n sign Then r to b	CERTIFICATION								
0	ow rant.	CAT	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY? 2	Ob. IF YES, WERE FINE N CERTIFYING CAUS	DINGS USED
AL R	he i hos	F	10/1/87	3	MATSA	nce		YES NO NO	YES []	NO [
T.	N. T.	CER	21a. ACCIDENT WAS UNDERLYING	Limite for	OF INJURY	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	NITEM 18 PART 1 OR PART 2	2)
9	ICIA g pla g pla intol	CAL	OR CONTRIBUTING CAUSE OF D	Colli -		7 198	1 Sport	anenus		
O	his of his of hour burners	MEDICAL	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE,	CARA STC 1	211 LOCATION	CITY OR TOWN	COUNTY	STATE
N N	otten ter thi s the I h and i	>	AT WORK AT WORK	JAN HOME ST	neer, racioni office,	T ARME ETC	3300 €	U May 1	Rd Duns	an alpa
۵	A A A A A A A A A A A A A A A A A A A		220 1 certify that (1) (this has	pital) attended th			7/27 , 19			_, that (1) (we) last
	TTE prite for of H		saw the deceased alive a abave, (1) (we) (did) (did)	nat) view the bady	10/7 19_	27, an	nd that in (my) (our) apinian	death occurred an the date	and haur and from the	he causes stated
	OR A DIREC Sched Dept. f Item		226. SIGN TURE	1 21			DEGREE		22c. DA	TE SIGNED
	Al C the Al D detocate Date D		But	n. ar	5	MI	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAL	21 D'N	17/87
	SPIT d by d by TAN		220 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS			
	TO HOSPITAL ( retoined by this TO FUNERAL I should be deto with the State I MAPORTANT: If		13rett L	Mos	25					
	0 fg 0 fg x	23a. B	URIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
	BP	-	Burial	10-1	0-87	Gree	nlawn Cemeter	Cambr.	idae. MD	STATE
		24 FL			uneralH		0.0	E REC'D. BY REGISTRAR 256	BEGISTRAR'S SIGN	ATURE
	DHMH - 16 60M 7/84 (VRA 15, 4)				ve. Dunda			OCT 091981	July Francisco	n. Randalls'
		_	192	Z WINE A		المحلف	- Laket			

Julia Dividson Pandal

Ruck Towson Funeral Home, Inc., Towson, Md. 21204

(VRA 15, 4)

68388 661 14.87

	1.	FOR STATE		DEPARTA	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG LICATE OF DEATH	SIENE /	2 8	4 3	7
7	1.05	REGISTRAR					REG. N			
CT	28	CEASED NAME FIRST		AIDDLE	l	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
37		CHTHER	INE		-	SIRD		10 20	87	7 J + AM
	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	RTHDAY) IF U	HE DAYS	HOURS MIN.
		Female	W	hite	4	20 1908	79	YRS		10000
1		IRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY C		DEATH	MD
1		ITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewife	ION	NDUSTRY	OF BUSINESS OR Home
100	30 S	AL RESIDENCE (IF NURSING HOME OF STATE 136, COU!		GIVE RESIDENCE BEFORE 130 CITY OR TOW Baltir	N	13d. INSIDE CITY LIMITS? YES XX NO [	13e STREET ADDRESS			21224
0			MIDDLE	Wolf		Sadie	E.		Rebi	uck
		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIN	MED FORCES?	206-12-9		Roland L. H	ADDRI Bird 6424 O		St.	21224
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	TE CAUSE (a)	CARPI  RAS A CONSEQUE	OFE	NIC SH	OCK			MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	(c)	ANTER  RAS A CONSEQUE  CORUNT	ENCE OF	MYUCARD	DISEASE		د	y hu.
	NO	RHEUMA		ARTH			MNAL DISEASE OR CON	DILION GIVEN	N PARI 110	D.
7	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	
7		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	1111	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (	OF INJURY BET, FACTORY, OFFICE, F.	ARM ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22o 1 certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no		19	, ar	nd that in (my) (our) opinion	to death occurred on the de	ote and hour and		that (I) (we) last causes stated
		22b. SIGNATUR	re	4.7		ATTENDING PHYSICIAN	MEDICAL STAI	FF	10/	20/87
		JO AO A	CLI	MA			OTT KEP	MEDIC	AL	CENTER
	-	BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	10-2	3-87	Garde	ns of Faith		more Ma		
34	24 FL			neral HOm		Dundark	E REC'D. BY REGISTRAR		S SIGNAT	

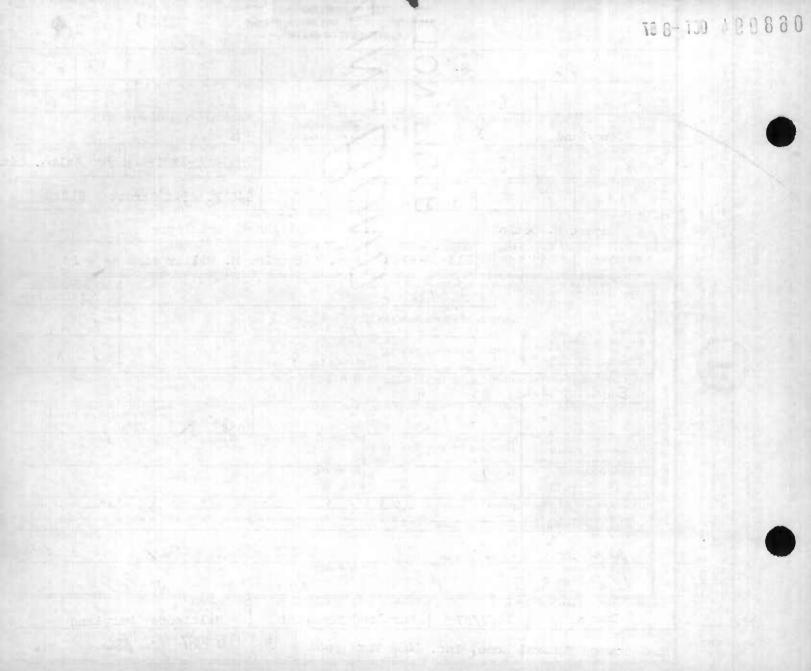
DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR

BP.



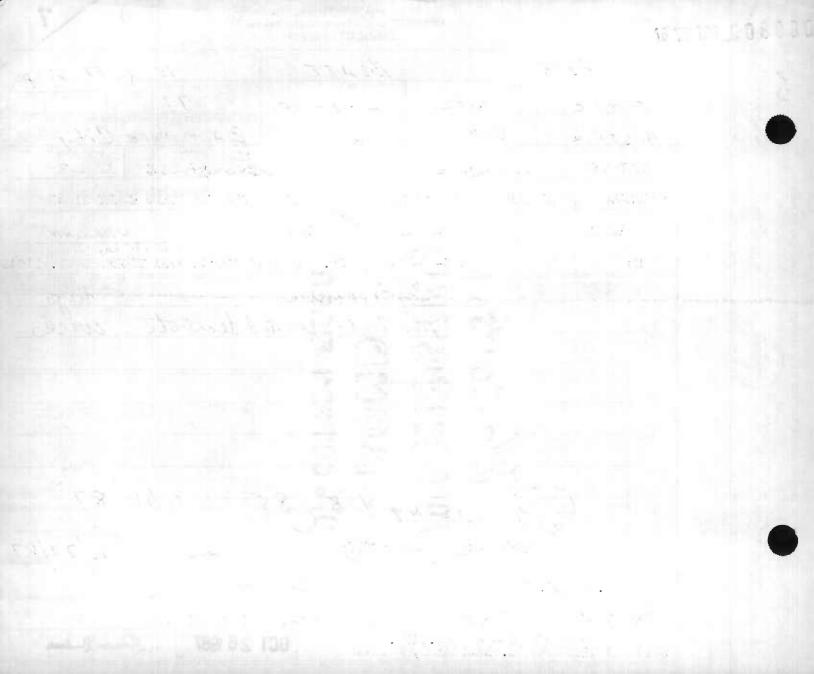
8094 OCT	-8 1	FOR TATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. N	2 8 4 3 4
		CEASED NAME FIRST	MIDDLE	IAST R.	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
page 3		Ahha		Bischoft	4.405	/ ( M
ctor, p	3 SEX	Finale	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR  12 4- 150	5 81	MONTHS DAYS HOURS MIN.
		Mary Land	U. S. A.	MARRIED VEVER MARRIED WIDOWED DIVORCED	12 111	OR COUNTY OF DEATH
44	0	or town of DEATH	LIF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)  Con a rich thus pital		12b. KIND OF BUSINESS OR EFFIC COULTE TRY Balto. C
7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	USU/ 13a. S	TATE 136 COUN	NTY 13c. CITY OR	BEFORE ADMISSION) TOWN 13d, INSIDE CITY LIMI YES NO	13. SIREET ADDRESS	ZIP CODE 21218
d which	14. FA	THER'S NAME FIRST August M. 1		15. MOTHER'S MAIDE	nname izabeth Reisin	iger (AST
n and ga		VAS DECEASED EVER IN U.S. AR ES, NO ORNOWN) (IF YES, GIV		SECURITY NO. 17 INFORMANT Mrs. Cathe	ADDRI erine B. Mille	er same as # 13
the death certificate the property of the control o		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)  Conditions, if any, which gove rise to immediate cause (a), stating the	Ity one cause per line for (o), ( D BY:  FE CAUSE (a)  DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS	SEQUENCE OF Myseculial	Infantion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 raig of 1
of Germanian Host	CERTIFICATION	~ 1	try Dirace	G TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \text{NO} \)
HYSICIAN: The nding physicial physic	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- LIF EITHER NOTIFY MEDICAL EXAMINES 214 IN JURY OCCURRED	HOUR A.M. MONTH	19 211 LOCATION	CCURRED (ENVERNATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART 2)
OR ATTENDING P e haspital or atter DIRECTOR, After ti sched for use as the Dept. of Health and filem 21 is marked	×		ital) attended the deceased f	rom 0 1 2 19 19 19 19 19 19 19 19 19 19 19 19 19	to Octobe	date and have and from the causes stated
0 111 0 - 1	E.	226. SIGNATURE	12 11	DEGREE ATTENDI	NG MEDICAL STA	IFF 10-3-87
		Wallace  22d PHYSICIAN'S NAME ITYPE O	Till 4	PHYSICI 22e ADDRESS	in Minouich	Hospital
TO HOSPITAL OR A retained by the hor TO FUNERAL DIRES should be detached with the Stote Dept. [MPORTANT, if them	23a E	22d PHYSICIAN'S NAME ITYPE OF WALLS. R. URIAL, CREMATION, REMOVAL SPECIFY.	Johnson M		'on Menorial	CIANA



		1	FOR • STATE		DEPART	MENT OF H	E OF MARYLAND 8	IENE 2	8 ~ .	
		L	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	).	The state of
99961	OCT 2	D DE	CEASED NAME FIRST	1	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR
A 2.00	201 2	2	Evel	vn	М	Bla	chowicz	October	20, 1987	10 23A1
ma po po ter o		3. SE		4 RACE	10		OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	
ge 4		F	emale /	Whi	te		ust 7, 1927	60	VDS MONTHS	DAYS HOURS MIN.
Pag l	12-	7a B	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	8	1-	9 BALTIMORE CITY O	COUNTY OF DEA	TH
eath.	9/1		Maryland	US	7\	WIDOWE	DINEVER MARRIED DINORCED	Do 1443	ora Oilar	
ab und	0)	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATE	ore City	IND OF BUSINESS OF
of the off	3/		P. A. Ihmmed		H FACILITY, GIVE STREE	Laborator and the same of the	il notal	(TYPE OF WORK FOR MOST OF		
e in by	1 1000	USU	AL RESIDENCE (# NURSING HOME	OR OTHER INSTITUTION	IS SCOTT		Hoping	<u>Housewife</u>	0	wn Home
ld b	36	13a.	STATE 13 COL	INTY	13c. CITY OR TOV	VN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	
y fil	3			altimore	Dund	alk	YES NO	2365 Sear	les Road	21222
With dele	自己	10	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAST
omp on o	2	1	Charles		Schult	Z	Tillie		Wa	nkowski
07	lico		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS	
Pag P	E		NO	INE WAR ON DATES!	219-72-	65422	Anthony Bl	achowicz 23	65 Searle	e Road
e 5.	P. C.	F	18 CAUSE OF DEATH (Enter of	salu ane coure per			i midialy bi	acrowicz 23		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
fica pap pap	ent,		PART I. DEATH WAS CAUS	ED BY:		10	Arrest		BET	WEEN ONSET AND DEATH
ren p	Cev		IMMEDIA	ATE CAUSE (0)	Can	diac	7 / 91			
ending of h	mat			DUE TO, OI	R AS A CONSEQU	ENCE OF	Co reil			
de d	rac		Conditions, if any, which	(b)	presu	med	SERSIS			
the re-	her		couse (a), stating the underlying couse last.	DUE TO, OF	R AS A CONSEQU	ENCE OF	· ·			
that d by al, a	ar at		Underlying couse lost.	( (c)_	pancy	TU De	ma			
gne bur	7.	-	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PA	ART Iro
The	: E /	CERTIFICATION								
ow rmit prio	Jan /	3	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE I	
he land	3	E						YES NON	YES	NO
ransici Hygi	88	1 8	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PA	ART 2)
	U		OR CONTRIBUTING CAUSE OF D	EAIN	M. MONTH D					
ding ph ding ph s certifi burial-t	P P	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.I		19	21f. LOCATION			
PH P	o po	ME	WHILE O NOT WHILE O		EET, FACTORY, OFFICE,	FARM, ETC )	STREET	CITY OR TOV	VN COUN	STATE
NG r off	ark		AT WORK							
FND tal a OR: A OR: A Heal	E .s		220   certify that (1) (this has			Vac	19 87		198-	that (I) (we) la
ATTE aspirto CTO di for	21		saw the deceased alive a above, (1) (we) (did) (did r	n Oct	ofter depth.	, at	nd that in (my) (our) opinion	death occurred on the da	te and hour and fro	m the couses stated
H he he	F e E		226 SIGNATURE	1. ()	1		DEGREE		226.	DATE SIGNED
74 750	*		(Mel nielo	1. Tool	16-MD		ATTENDING PHYSICIAN	MEDICAL STAF		0/20189
SPITA By VERA be de	MPORTANT		22d PHYSICIAN'S NAME LIVE	OR PRINT)			22e ADDRESS	DIRECTOR   PHYSIC	AIX	0/20/01
HOSPI med b FUNE old be	DRT		Adolanda	5 Roy	bh WI		110010 5	to A	1.0 R	1 trans
ro HOSP etained I TO FUNE shauld be with the	No.		1 oclarde	0,101	DO FIL		19990 (as	eun Ave	nue a	Mirare h
	40.1		BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION	COMMIY	M STATE
BP	_		Burial	10-2			anislaus	Balitm	oreMaryïlä	nd
DHMH - 16 60M	7/R4	24 F					Dundalk 250. DAT	E REC'D. BY REGISTRAR	Sh REGISTRAR'S SI	GNATURE
/VRA 15 4			792	2 Wise A	Ve Dund	alk.Mr	21222 100	7 2 4 1087	The Kindy	Pulace

2 5 OCT 23	1 -	FOR STATE REGISTRAR		DEPARTM	STATE OF MARYI ENT OF HEALTH AND CERTIFICATE OF	MENTAL HYG	IENE REG. NO	, <u>,</u>	, -
		CEASED NAME FIRS		MIDDLE	LAST				EAR 26 HOUR
may be page 3 ter death		JES	SIESE	C.	BLAKE			10 21	87
4 moy	3. SE	X	4. RACE		5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DAYS HOURS M
Poge 4 director hours offi		FEMALE	BLA	-	4 5	1899	88	YRS.	
eoth n 72 n 72	· ·	RTHPLACE (STATE OR FOREIG	U.S			NORCED [	BALTIMORE CITY O	E CITY	
by the further d	B	ALTIMORE	19"02" F	HOMEWOOD		STITUTION	170 USUAL OCCUPATION OF THE CONTROL OF WORK FOR MOST OF WORK FOR MOST OF THE CONTROL OF THE CONT	F WORKING LIFE) INDU	IND OF BUSINESS STRY N/A
24 hor		MD	OME OR OTHER INSTITUTION	136 CITY OR TOWN BALTO.	ADMISSION) N 134 INSIDE YES [	CITY LIMITS?	13. STREET ADDRESS	ZIP COPE OOD AVENUE	21218
bmpletely odd sh exominer	14. FA	JESSE	WIDDIE	WIĞĞINS		ARTAH	WIDDLE		BALL
n and g. Pages		VAS DECEASED EVER IN U.	S. ARMED FORCES? YES, GIVE WAR OR DATES)	911-36-4			3621 COTTAI		
6 6 3 6				1000000	TON MIN C	dodes	CHARLES C	Vien !	
n. n. nos been signed by Illinopermi. Then plead ne prior to buriol ws ony injury, or affect it.	IFICATION	Conditions, if ony, whi gove rise to immedia couse tol, stoting tounderlying couse to PART 2 OTHER SIGNIFIC	the he DUE TO, Cost. (c) ANT CONDITIONS C		NCE OF	D TO THE TERM	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
TENDING PHYSICIAN: The low requires pirol or ottending physicion.  TOR: After this certificate has been signe for use as the buriol-transit permit. Then p of Health and Mental Hygiene prior to buriol is marked or hem 18 shows any injury.	MEDICAL CERTIFICATION	gove rise to immedia couse (a), stating to underlying couse la underlying couse la PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CAUSE (IF ETHER NOTIFY MEDICALEX 21d INJURY OCCURRED WHILE AT WORK 22a.1 certify that (1) (1) (this 2a.1 certify that (1)) (1) (1)	ANT CONDITIONS C  196. COND  196.	OR AS A CONSEQUENCE ONTRIBUTING TO DISTRIBUTING TO DISTRIBUTION FOR WHICH CONTRIBUTION OF INJURY  OF INJURY OF INJURY REET, FACTORY OFFICE, FAI	EATH BUT NOT RELATE  OPERATION WAS PERF  Y YEAR  19  211 LOCAT  STREE	ORMED  NJURY OCCURR  ION  E1	in al disease or coni	20b. IF YES, WERE IN CERTIFYING CAYES TO THE TENTH TO THE	FINDINGS USED AUSES OF DEATH? NO ART?)  NTY STATE that (I) (we)
OR ATTENDING PHYSICIAN: The low requires he hospital or ottending physicion. DIRECTOR: After this certificate hos been signe rocked for use as the burial-transit permit. Then p. Dept. of Health and Mental Hygiene prior to buril frem 21 is marked or them 18 shows any injury.	2	Gove rise to immedia couse (a), stating to underlying couse (b). PART 2 OTHER SIGNIFIC 19th DATE OF OPERATION 21st. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX 21d INJURY OCCURRED WHILE AT WORK NOTIFY MEDICALEX AT WORK AT WORK	ANT CONDITIONS C  ANT CONDITIONS C  196. COND  196. CON	OR AS A CONSEQUENCY ONTRIBUTING TO DI ONTRIBUTIN	PEATH BUT NOT RELATE  OPERATION WAS PERF  Y YEAR  19  211 LOCAT STREE  DEGREE  22e ADDRE	ORMED  NJURY OCCURR  ION  E1  , 19  // (our) opinion of PHYSICIAN	INAL DISEASE OR CONI  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUST  CITY OR TO	20b. IF YES, WERE FIN CERTIFYING CAYES RY IN ITEM IS PART LORPA	INDINGS USED AUSES OF DEATH? NO ART 2)  ART 41  that (1) (we) m the causes stated DATE SIGNED
OR ATTENDING PHYSICIAN: The low requires ne hospitol or ottending physicion.  DRECTOR: After this certificate has been signe other for use as the burial-transit permit. Then p Dept. of Health and Mental Hygiene prior to buril them 21 is marked or them 18 shaws any injury.	WEDICAL WEDICAL	GOVE rise to immedia couse (a), stoting to underlying couse to underlying couse to part 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXTENDED AND ALL OF CONTRIBUTION COURRED WHILE AT WORK NOTIFY MEDICAL EXTENDED AND COURRED (I) (1) (1) (1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	ANT CONDITIONS C  196. COND  196.	OR AS A CONSEQUENCE ONTRIBUTING TO DISTRIBUTING TO DISTRIBUTION FOR WHICH CONTRIBUTION FOR WHICH CONTRIBUTION OF INJURY IREET, FACTORY OFFICE, FAIL OFFICE,	PEATH BUT NOT RELATE  OPERATION WAS PERF  Y YEAR  19  211 LOCAT STREE  DEGREE  22e ADDRE	ORMED  NJURY OCCURR  ION  E1  , 19  /) (our) opinion of PHYSICIAN  SSS  - (CL ()	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MEDICAL STAF	20b. IF YES, WERE FIN CERTIFYING CAYES RY IN ITEM IS PART LORPA	FINDINGS USED AUSES OF DEATH? NO  ART?  that (I) (we) I me the causes stated

069803 OCT 2	FOR STATE REGISTRAR	DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGIENE ICATE OF DEATH	REG. NO.	8 4 3 7
moy be	1. DECEASED NAME (TYPE OR PRINT) ROSE	MIDDLE B	LATT 20		72-87 6:00pm
ors office	Female	white 5 DATE O	DAY YEAR	77 YRS	IF UNDER LYEAR IF UNDER 24 ARS
deoth. Po	AUSTRIA	WIDOWE	DI NEVER MARRIED DI DIVORCED DI	BALTIMORE CITY OR COUNTY	e City MD.
201 us ofter up the filed wit	BALTIMORE	1. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)	ROTHER INSTITUTION	TOUSENTE EOF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY AT HOME
MARYLAND 2120 ed within 24 hours mplerely filled in by ond Zahnould be fill examine multipe in	MARY LAND HOW	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Y ARD COLUMBIA		STREET ADDRESS / ZIP CODE 3851 TIDESEBB C	OURT 21045
	ALTER	RÉINER	15. MOTHER'S MAIDEN NAME LEAH	WIDDLE	UNKNOWN
BALTIMORE, cote be executed to pers. Pages vol.	160 WAS DECEASED EVER IN U.S. ARMI	ED FORCES? NAR OR DATES) 166 SOCIAL SECURITY NO. 064-09-7506	MRS. MADELINE	ADDRESEOLUM KARPEL 8851 TI	DESEBB CT. 21045
	18 CAUSE OF DEATH (Enter only PART ). DEATH WAS CAUSED IMMEDIATE	BY. SCIAT	cemia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON ST., The first of mains placed to the certification of th	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE O	she infected	deerbiti	weeks
ORDS, 20 request	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIV	EN IN PART Ito
TAL RECO	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	Y	ES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
NOF VI	OR CONTRIBUTING CAUSE OF DEATH	P.M. 19	21c HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)
DIVISION DING PHY or ottendin After this e os the bu	AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEN Spitol CTOR: for us of He	220.1 certify that (1) this baselul saw the decrease obove, (1) (5) and a second	ex the body after death.		toaccurred an the date and hour	
the office of th	226. SIGNATUR	venon 1	PHYSICIAN DI	EDICAL STAFF RECTOR HINSICIAN	10/22/87
TO HOSPITAL FOUNERAL should be det with the Store	S. LEVENSON	N	LEVINDAL		
BP	CREMATION	10/23/87 WESTVIE	EMETERY OR CREMATORY 2 EW MEMORIAL PARK		COUNTY MD STATE
DHMH · 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR SOL LEVE 6010 REISTERSTOWN	INSON & BROS INC. RD. BALTIMORE, MD 212	215 CT 2	6 1987 PEGISTRAR 256 REGISTI	RAR'S SIGNATURE



## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detoched for use os the buriol-transit permit. Then please with the State Dept. of Heolth and Mental Hygiene prior to burial, cr WAPORTANT: If Item 21 is marked at Item 18 shows any injury, or oth

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

28438

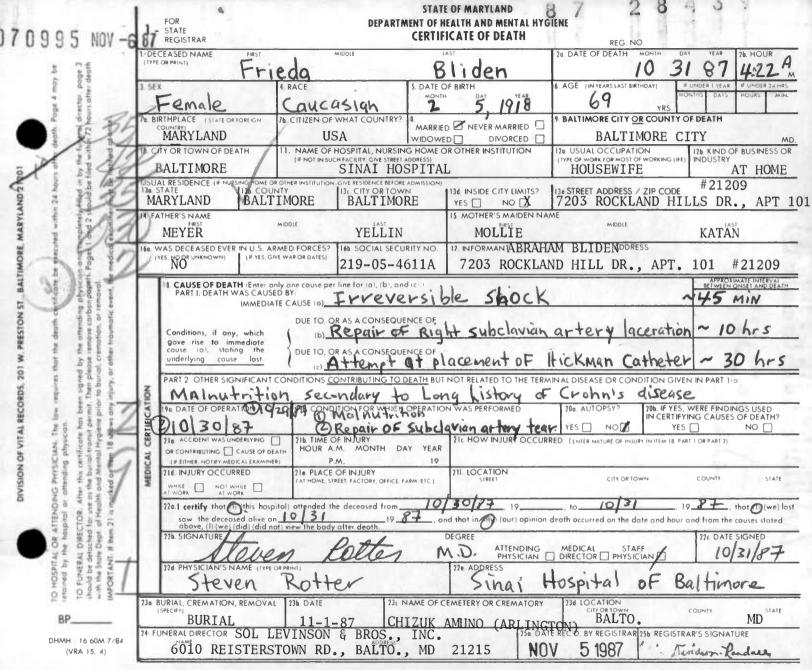
R	87-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYC	REG. NO.	7 4 5	8	
7		EASED NAME	FIRST	1	AIDDLE	l	AST	20. DATE OF DEATH MONT	H DAY YEAR	2b HOUR	_
	TYPE	OR PRINT)	harl	es W:	infred	RIC	vins	10	1 87	1050	AA
	3. SE>			4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)			
		Male		Car	Jeasin	MONTH	DAY YEAR	66	YRS. MONTHS DAY	S HOURS MIN	
		RTHPLACE   STATE OR F	OREIGN		WHAT COUNTRY?	8		9. BALTIMORE CITY OR CO			_
7		Cennessee		US	SA	WIDOWE	D NEVER MARRIED W	Baltimore C:	itv	A	AD.
		TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND	OF BUSINESS O	_
Z	E	saltimore				- 1	spital	Never Worked			
1	130 S	AL RESIDENCE (IF NURS	ISH GOUN		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE	21218	
5	Mai	ryland		imore	Baltimor		YES X NO	601 Wyanok		#207	
	14 FA	THER'S NAME		AIDDLE	LAST *		15. MOTHER'S MAIDEN NA	WE		1241	
9		Luthe		infred	Blevi	ns	Panth		Mir	aton	
		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		Route 3	Box1496	_
	(1	No		N/A	219-66-6	769	Pauline Blac	k (Sister) Fr	edericksb	urg, VA	
		IB CAUSE OF DEAT	H (Enter anl	y one cause per	line for (a), (b), an	d (c)	1111		APPRO BETWEE	OXIMATE INTERVAL N ONSET AND DEATH	_
1		PART I. DEATH W		D BY: E CAUSE (a)	Condi	ic fai	lore		4	hours	
1				DUE TO, OI	R AS A CONSEQUE	ENCE OF	,				
		Conditions, if any,		(b)_	Polmon	avy to	iline		5	months	
		gave rise to imm cause (a), statin	g the	DUE TO, OI	R AS A CONSEQUE	ENCE OF			111	8 Lours	
		underlying cause	last.	(c)_	Renal	Failer	der		1 40	5 Lours	_
	z	PART 2. OTHER SIGN			1	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	IN GIVEN IN PART	110	
4	CERTIFICATION	IN LYLCILLI		fut Stap		OPERATIO	NI WAS DEDECIDANED	20a AUTOPSY? 20b.	IF YES, WERE FIND	DINICSTILED	
7	FIC		(5)	coronar	y artery b	ypass	N WAS PERFORMED Trac	h _/ IN	CERTIFYING CAUS	ES OF DEATH?	
	ERT	210. ACCIDENT WAS UNE	SIR DERLYING	2) Bilrot		se Bilro	THE HOW IN HIPY OCCUP	RED (ENTER NATURE OF INJURY IN IT	YES	МО 🗌	
3	110	OR CONTRIBUTING	AUSE OF DEAT	HOUR A.	M. MONTH D		THE HOW INSORT OCCOR	KED (EMIEK MATORE OF MATORE IN II	EM 16 PART 1 ORPART 2	'	
/	MEDICAL	(IF EITHER NOTIFY MEDIC		P.i		19	211 LOCATION				_
	WE	WHILE NOT WH	IRE 🗆	AT HOME. STR	EET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE	
		220.1 certify that (I)		al) attended the	e deceased from_	4/21	. 19 87	to OCT-1	19.37	, that (I) (we) la	est
		saw the decease above, (1) (we) (g	d alive an_	oct.	1 19 9	7		death accurred an the date ar		Carried Contract	
		22b. SIGNATURE	/ / did not	I view the body	affer death.		DEGREE		22c. DA	TE SIGNED	_
		P	11 5	Min	0,		ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	1 10	/2/80	
٦		22d. PHYSICIAN'S	ME (TYPE OF	PRINT)			22e ADDRESS				
		Poul	5+1	bling El	Uson Jr.	MO	22 500	the Corecus 5to	rect Ba	1/0 2/3	0/
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	1987 2361	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	('OliMIV	Class	_
		Buria		Octobe			Memorial Gard		ania Co.,	Virgini	a
		NAME			Thompson			TE REC'D. BY REGISTRA THE R	EMSTERRS SIDE	HARRY .	01
	70.	5 Princess	Anne	St., F	redericks	burg,	VA UUI	0 1 1901		The second	1

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR:

OCT 07 1987 / Studentine Person

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068	596 OCT	LA B FOR	JOHN H. BLO	DEP DECHER SR	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		2 8	ed ed	
		REGISTRAR					REC	H MONTH	OAY YEAR	2b HOUR
	m. r	1. DECEASED NAME		WIDDLE		AST CTICATION	Ze. DATE OF DEAT			ZB HOOK
	ay be oge 3 death		JOHN	н.		BLOECHER SR.		10	8 87	7-20 PM
3	ctor, po	3. SEX MALE	4. RAC	WHITE	S. DATE O	F BIRTH  11/02, YEAR	6. AGE TINYEARS LAS	YRS.	MONTHS DAYS	HOURS MIN.
	oth. Pag	70. BIRTHPLACE (ST		U.S.A.	TRY? 8. MARRIEI WIDOWE	MIXNEVER MARRIED		ORE CIT		MD.
10	s ofter de by the fun iled within notice of	BALT	OF DEATH IN. N	FINOT INCLUSIVE FACILITY CAME	URSING HOME OF	ROTHER INSTITUTION	120 USUAL OCCU (TYPE OF WORK FOR MI OWNER	PATION OST OF WORKING L	12b. KIND O INDUSTRY GROCER	F BUSINESS OR
BALTIMORE, MARYLAND 2120	Attled in rould be from	MARYLAND	(IF NURSING HOME OR OTHER IS 13b. COUNTY BALTIMO	INSTITUTION, GIVE RESIDENCE 13c. CITY OR CATON	BEFORE ADMISSION) TOWN SVILLE	134 INSIDECITY LIMITS? YES NO KK	130 STREET ADDRE	ss ENWILDE	ROAD	21228
MARYL	mpletely ond 2 standard	FATHER'S NAME HENR	Y	BLO	ECHER	15. MOTHER'S MAIDEN NA ELIZABI	ETH		R	EPP
MORE,	Pages Amedical	160 WAS DECEASED	DEVER IN U.S. ARMED F	OR DATES!	SECURITY NO.  5-5705A	OTTILIE BLO		SAME AS	# 13	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAL'	physician.  rifficate has been signed by th outeracting physician- rifficate has been signed by th outeracting physicial- rifficate prior to buriol, a emotion, per removal.  The B staws any injury, or other from direvent, the	Conditions, gove rise couse (o), underlying  PART 2 OTHE  19a DATE OF 0  21a. ACCIDENT	if any, which to immediate storing the couse lost.  ER SIGNIFICANT COND REMAIL  OPERATION  WAS UNDERLYING 7	USE (0)  OUE TO, OR AS A CONS  (b)  OUE TO, OR AS A CONS  (c) ATHERS	SEQUENCE OF	dial inj tic coronar NOT RELATED TO THE TER y, left	Vert , &  1200 AUTOPEV?  YES   NO!	20b. IF Y	IVEN IN PART 10	NGS USED
DINISION	TO HOSPITAL OR ATTENDING PHYSIC retained by the hospital or attending TO FUNERAL DIRECTOR: After this cer should be detached for use as the buriawith the State Dept. of Health and Meni WIPORTANT: If them 21 is marked or the	21d. INJURY C WHILE AT WORK  22a I certify sow the obove, (I 27b. SIGNATU	NOT WHILE THE METERS OF T	The PLACE OF INJURY AT HOME. STREET, FACTORY, CO	from 10	22e ADDRESS	7 , to 76 n death accurred on t	STAFF	22c. DATE	8/1967
	5 5 5 8 X	230 BURIAL CREAM	ATION, REMOVAL 23h	DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	BP	BURTAL		10/12/87	WESTER	N	BALTI	MORE		ARYLAND
	DHMH - 16 50M 1/81 (VRA 15, 4)	1630 EDM	'8 RUSSELL ONDSON AVEN	C. WITZKE DE CATONSV	FUNERAL ILLE, MD	HOMES P.A. 250. DA 21228	T 09 1987	IRAD 25b. REG	STRAR'S SIGNA	1

685	5 9 OCT 1				DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL P ICATE OF DEATH	HYGIENE	4	0 1	200	1
		REGISTI			MIDDLE		AST	12a D	REG. NO.	ONTH DAY	YEAR	2b. HOUR
	6 4	(TYPE OR PRINT)	Jenni		arv	8010						
oy k	poge 3	3. SEX	oeiiii i	I RACE	ary	5. DATE C			october 1		UNDER I YEAR	6:004 M
4	ctor. p		emale	White		NO VAL	ber 1,1902		84	YRS.	NIHS DAYS	HOURS MIN.
000	dire hours	To BIRTHPLACE	(STATE OR FOREIGN		WHAT COUNTRY	2 0		9. BA	LTIMORE CITY OR		FDEATH	
oth.	n 72 hou	Maryla	nd	V U.S	5.1.	WIDOWE	DIVORCED	Ba	ltimore	Citv.		MD.
ofter de	by the fur		WN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURS	T ADDRESS)	PROTHER INSTITUTION	12a U	OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	F BUSINESS OR
120 ours	e file	USUAL RESIDE	NCE HE NURSING HOME O	R OTHER INSTITUTION			bme		Seamstres	S	Clothi	ing
BALTIMORE, MARYLAND 21201	filled brookld b	Maryl	and Bal	timore	Fullert	WN	YES NOXIX	20	TREET ADDRESS D Fullerto	on Hei	ghts !	ve 21236
with:	d 22	LA FATHER'S N	RST	MIDOLE	LAST		15 MOTHER'S MAIDEN FIRST		MIDDLE		LAS	1
M. bet	d 5/62		Zio1kowski		I		Constanc	e Bi	ranowski	6		
ORE	Poges,	YES, NO OR L		RMED FORCES?	16b. SOCIAL SEC		17 INFORMANT	1				21236
be be	S. P.	l' l'x			217-09-8		Joseph Stie	elper	20 Fuller	rton H		MATE INTERVAL ONSET AND DEATH
	physic angope emovol	18 CAUS	E OF DEATH (Enter of L. DEATH WAS CAUS IMMEDIA	only one couse per ED BY: ATE CAUSE (0)	r line for (a), (b), c	iente	Cereboone	lan 1	Reciolar	555	2 Luces	ONSET AND DEATH
N Cer	or re			DUE TO.	S A CONSEQ	UENCE OF	2	21	4 0		1	
deo1	Letter		ons, if ony, which	( (b) Z	Fyreten	in a	tenoselustre	Van	cula Urs	Home	Jen	
N PS	(語)	couse	(a), stating the	DUE TO, O	R AS A CONSEQ	UENCE OF					0	
5, 201	NI		OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL	DISEASE OR COND	ITION GIVEN	IN PART TO	0
ORO Ped	t The	ē /	of OPERATION	is Chy	rementa	Jusin	ALWAS DEDECORATED	1 20.	a AUTOPSY?	20b. IF YES, V	A/EDE EINIDIA	ICS USED
PEC -	Per p	190 DATE	OF OPERATION	198. 0000	IIION FOR WHIC	H OPERATIO	N WAS PERFORMED		S NOVY	IN CERTIFY II	NG CAUSES	OF DEATH?
TA T	ysicio core i onsit Hygie	21a. ACC	DENT WAS UNDERLYING	21b. TIME C			21c HOW INJURY OCC					
OF CIAN	dring physicio s certificate buriol-tronsit Mental Hygie or frem 18 ste	OR COAST	RIBUTING CAUSE OF DE	EAIR	.M. MONTH	DAY YEAR						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,		21d. INJ	JRY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET		CITY OR TOW	Z	COUNTY	STATE
> 0 N	R: After thuse os the Health and Is marked	WHILE AT WORK	AI WORK				9/2/ 18	4	10	olioto	89	that (I) (we) last
TEND	OR OR	saw	tify that (I) (the	n	10/6/19	97.77	nd that in (my) (aux) apin	nian death	occurred on the dat	e and hour o		
A 4	DIRECT DIRECT Diched for Dept o	77b SIG	ve, (I) (we) (did o NATURE	ot view the bady	ofter death.		DEGREE		31		22c. DATE	SIGNED
0 4	the AL DI Jetoch ore Do		alles B	Bradle	en		no ATTENDIN		DICAL STAFF		101	12/87
SPIT	efoined by the TO FUNERAL I should be deto with the State I WPORTANT: If	274 PHY	SICIAN'S NAME (TYPE	OR PRINT)	0		22e ADDRESS					
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		FOR	DE		E OF MARYLAND	8 / 2	8 4 4	46.)
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ysic pope pool nt, t	190	18 CAUSE OF DEATH   Enter on PART I. DEATH WAS CAUSE	BY BY	GAST	CANCER		BETWEEN	N ONSET AND DEATH
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OK ATTEN e hospital DIRECTOR sched for u Dept of He f Hem 21 is	3	above, (1) (we) (did) (did na	view the body after death		DEGREE			TE SIGNED
		226 SIGNATURE	0	11		MEDICAL STAFF	1	
		roy a	Beveran	VV		MEDICAL STAFF DIRECTOR PHYSICIAL		- 29-8)
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- 5 - 5 + 6		Roy Beyrid	ge, M.D.		Johns Ho	pkins Hosp	, Balto,	Md.
5 5 5 3 Z		BURIAL, CREMATION, REMOVAL		230 NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP		Cremation	10/31/87	Secur	ity Process	Balto,	Md.	STAIL
DUMBIL 14 4044 7/0	24. F	UNERAL DIRECTOR		1 Brehm		TE REC'D BY REGISTRAR 256	REGISTRAR'S SIGNA	ALIARE PAGE
DHMH - 16 60M 7/84 (VRA 15, 4)		SCHIMUNEK FUN	A6	OKE 22	2000	T30 1987	ulea Devider	Constants
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## STATE OF MARYLAND

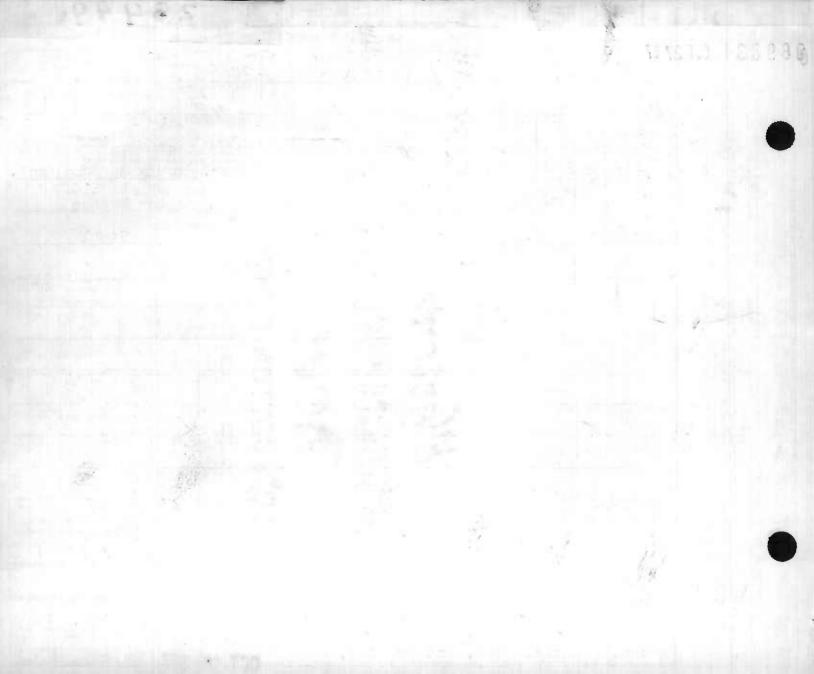
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				CEASED NAME FIRST VICHOL	AS Matthew	BOOB	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
-	e 4 may	,	3.58		1 RACE WHITE	S. DATE OF BIRTH  MONTH DAY YEAR  7 2 86	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 23 HRS
	office of	6	100	RTHPLACE ISLAND CHARGE	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY  BACTIMORE	- 1 1
	ofter de	91	10.0	HLT MILLE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREET WASHINGTON	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR
AND 212	Alled in	智	13a.	AL RESIDENCE (FAUXUMG ACM	OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY 13c CITY OR TON	RE ADMISSION) NN 136. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	IVE. ZIIST
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TIMORE		7		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN} ! [IF YES,	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 115-70	Man and a district	- Mr. WASHINGON RED	NATEIC HOSPITAL
ST. BAL	9	reflored event,		PART I. DEATH WAS CAL	only ane cause per line for (a), (b), a USED BY: HATE CAUSE (a)	natory and	Cardiac Am	BETWEEN ONSET AND DEATH
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AL RECO	he fow o	17	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
OF VIII	g physic entificate	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUGE OF LIFE BLINER NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MONTH	PAY YEAR  19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
IVISION	offereding ter this o	ded /	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.	FARM ETC   211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
•	ATTENDO Aprilo de CTOR AF	of Healt			an 19 approved the deceased from 19 approved the bady after death.	19 87, and that in (not) (aur) apinian	death accurred on the date and have	19_6, that \( (we) last and fram the causes stated
-	TAL OR Y	di. il her		226. SIGNATURE has	the T Swe		MEDICAL STAFF DIRECTOR PHYSICIAN	10/1/87
	Huned b	WORTA		220 PHYSICIAN'S NAME (14)  MARTHA T	SWEE, MO.	1220 ADDRESS 1844 - 827 LINI	DEN AVE. BALTO.	MD.
	BP			BURIAL, CREMATION, REMOV	10101000	NAME OF CEMETERY OF CREMATORY  Arroll Cremetion	23d LOCATION CITY OR TOWN La mostead Ca	COUNTY STATE
	DHMH - 16 (VRA 1		24 F	uneral director Robert K. Pr	412 Washingtonitts, Sr., Ve	n Road 250 DAI Stminster, MD JC	E REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGN TURES

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE STATE 68066 OCT -8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN
OF ESTIDEATH MATED 2h HOUR DECEASED NAME MONTH DAY (TYPE OR PRINT) 19 87 10 - 2Howard R. Boren 26 HOUR 8:43 A. AGE LIN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 4 RACE S DATE OF BIRTH DATE YEAR LAST BIRTHOAY) PRONOUNCED 10 87 DEAD 10-2-D. 1910 Male White YRS Sept 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Maryland Baltimore City WIDOWED X DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Chauffeur Cab Company 906 W. Lombard Street Baltimore 21223 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 906 West Lombard Street 136. COUNTY 13d INSIDE CITY LIMITS? Baltimore Maryland YES X NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MICICLE LAST MIDDLE LAST FIRST ===== ======= \_\_\_\_\_ ====== ====== ====== 17 INFORMANT TAL SOCIAL SECURITY NO IAN WAS DECEASED EVER IN U.S. ARMED FORCES? Yes NO, OR UNKNOWN) Same as 13e 217-12-6815 Susan M. Cole APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSI AND MENTAL H Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIVE ED AS A B CERTIFICATION ARRITING THE WORLD ARDED TO THE CHIEF MI AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO DO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALLUMORE, MARYLAND, 2 Inspection X 22e I certify that I that the remains described above, held an Autopsy and in my apinion Suicide Homicide ... Undetermined monner death resulted from TITLE (SPECIFY) ACTUAL MD Assistant MEDICAL EXAMINER 10 - 2 - 87SIGNATURE ADDRESS 111 Penn Street, Balto., MD 21201 EXAMINER'S NAME Charles P. Kokes, M.D. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 10/6/87 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Md Crownsville Maryland Veterans Cem. 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** George J. Gonce 4001 Ritchie Hgwy Balto Md ina Devideon Pandage (VR A15 ME (5))

To afficiency Con-		
	3,540	

	1		STATE OF MARYLAND	27 28448	
0693590	9 OCT 2 OFFICE CERTIFICATE OF DEATH  REG. NO.				
0033330				REG. NO.	
2 7 5		DECEASED NAME FIRST TYPE OR PRINT) VERONIC	2 1 1-1'	OCTOBER 18, 1987 NO.	
4 may	3		RACE S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)   FUNDER 1 YEAR IN UNDER 24 HIRS   MONTHS DAYS HOURS MIN.	
- 1 15	2 1	EMALE		AKZ	
	3	BIRTHPLACE ISTATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED A DIMORCED	- 1 1) 1 / - 1 - 1 0 0 - 1 / 1 - 1	
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120					
AND SALL	21	MARYLAND 136 COUNTY	IDALTIMORE YES NO [	438 S. ROBINSON ST 21224	
MARTIN MARTIN	00	CLEMENT PIN	TRZUSKI BERTHA	DRENGA LAST	
MORE CONTRACTOR	1	WAS DECEASED EVER IN U.S. ÅRME YES NO PRUNKNOWN) (IF YES, GIVE W		TE PRICE 438 S. ROBINSONDT.	
THE AND THE	-	8 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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A RECORD	1	110 DATE OF GPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO	
PAVITA Physics History Clings		OR COMMONWED CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 ORPART 2)	
No September 1	1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19 21e PLACE OF INJURY 211 LOCATION		
MANUS OF STATE OF STA		Must D adjames D	AT HOME, STREET, FACTORY, OFFICE, FARM, ETC   STREET	CITY OR TOWN COUNTY STATE	
Z w w and w		22a.1 certify tho (1) (this hospital		1, to 1-22, 19 17 tha (1) (we) lost	
the coased alive on 9-22 19 57 ond that in (my) (our) opinion death occurred on the date and hour of the line (did) (did not) view the body after death.					
The Dept. of the D		my signature	DEGREE ATTENDING PHYSICIAN		
FUNERA THE SHIP	7	224 PHYSICIAN'S NAME ITYPE OR P			
O HOS recorded Pleaded WPORT		CALKINS	1600 m	volle St, Baltimore, NO	
BP	1	BURIAL CREMATION REMOVAL	23 NAME OF CEMETERY OR CREMATOR	Barren APFOVIEW MIT	
DHMH - 16 50M 4/83	1	THUNERAL DIRECTOR	1' 5 ADDRESS THE C 250 D	DATE RECID BY REGISTRANS SIGNADIRE	
(VRA 15, 4)	1	AYMOND K. KACZO	ROWSKI 2525 FLEE! 37. 0	01 2 1 1301	

STATE OF MARYLAND



06	83	09	OCT	3.8	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND  SEALTH AND MENTAL HYG  SICATE OF DEATH		G. NO.	4 3	
		m.c		T DE	OR PRINT)	FIRST		MIDDLE		LAST	20. DATE OF DEA	TH MONTH	DAY YEAR	26. HOUR P
	o pe	page 3			(	GORMAN		anklin		OWERS	OCTOBE		87	1:25 M
	E	fter p		3. SE.			4 RACE		5 DATE	DF BIRTH H DAY YEAR	6 AGE (IN YEARS E)	AST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
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	d.	P od	1831		RTHPLACE (STATE OR I	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D MEVER MARRIED	9 BALTIMORE CI			
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201	urs ofter	by the		5	BALTIMORE		THE J	OHNS HOPK	INS H	OSPITAL		AOST OF WORKING LIF	E) INDUSTRY	net Works
AND 21	24 hor	filled, in		13a S	AL RESIDENCE (IF NURS	134 COUN	ngton	Boonsbo	/N	13d INSIDE CITY LIMITS? YES NO 1	13e STREET ADDR Route 1		0 2	4783
MARYLAND 212D	ed withir	ampletely and 2 st	- Jan 1	5	Sammuel		N.	Bowers		IS MOTHER'S MAIDEN NAME FIRST	MID		Colber	
BALTIMORE,	) bettered	on and co	medical		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES?	214-09-		Mildred Coyl		DDRESS Rt.	1 Box ro Mary	90 yland 2178
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3		Aby in	al, crema		gave rise to imi cause (a), statir underlying cause	ng the	DUE TO, C	R AS A CONSEQU	ENGE OF	yeal Care	nomen		4	two
AL RECORDS, 201	N S	en sen sen pl	y injury, o	TION						NOT RELATED TO THE TERM				
AL REC	00	has be	giene pri	CERTIFICATION	190 DATE OF OPERA		Eorgu	lugegastre	tary	for Esophogod	WAYES NO	IN CERTIF	. 14	S OF DEATH?
OF VIT	O NA	g physic ertificat ial-trans	otol Hygem 18 s		210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	111	.M. MONTH D .M.	AY YEAR	THE HOW INJURY OCCUR	RED TENTER HATURE O	F INJURY IN ITEM 18 P	ART I OR PART 2)	
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٥	TENDIN	TOR.	21 is mo		22a. I certify that (1) saw the deceas abave, (1) (we) (		1. /		13/	nd that in (my) (aur) apinian	death accurred an	the date and hav	ond from the	that (I) (we) last
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	1	BP	, 5		BURIAL, CREMATION,		23b. DATE 10-9-			EMETERY OF CREMATORY IN ViewCemeter		ourg Wa	county	
(	DH	IMH - 16 6 (VRA 15			Ohn H. Bas	t Jr.	Boonsb	oro Mary	Rfd.	4 Box 7 21783 OCT	6 REC'D BY REGIS 0 9 1987	TRARISH REGIST	PAR'S SIGNA	HOLE

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Law Funeral HOme 4611 Park Heights Ave.

(VRA 15, 4)

STATE OF MARYLAND

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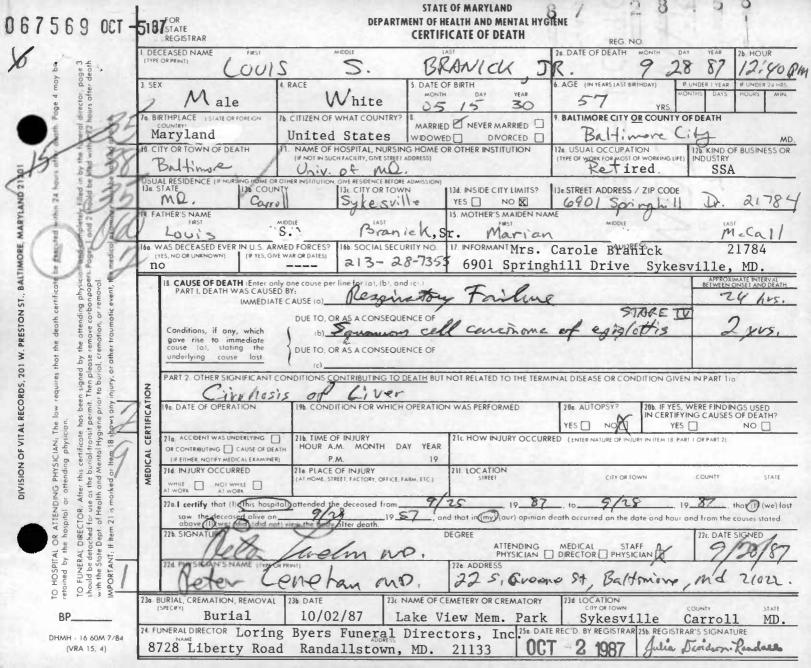
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

h AZ	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		9	
1. DE	CEASED NAME FIRS	ri e	MIDDLE	l l	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
( TYPE	Marga Marga	ret	C.	Brad	у	10-14-1	.987		12 No	on
3. SE	Х	4. RACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	HOURS M	RS
	Female	Whit	e	9-	26-1897	90	YRS.	MONTHS DAYS	HOURS M	174.
7a Bl	RTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OFDEATH		
(	Md.	U.S.	A.	WIDOWE	14.00	Balto. Ci	tv			MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	ION		F BUSINESS	
	Balto.		Gibbons			Homemake r		FE) INDUSTRY		
13a	AL RESIDENCE (IF NURSING HOSTATE	OME OR OTHER INSTITUTION	130 CITY OR TOW	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 71P CODE			
130	Md.	COUNT	Balto.	719	YES NO	2808 Gibb			14	
14 FA	ATHER'S NAME		TZAL		15. MOTHER'S MAIDEN N					
	John	T.	Brady		Margaret	E.	Do	oherty		
	VAS DECEASED EVER IN U.		166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDI	RESS			_
{	YES, NO OR UNKNOWN) (IF Y	ES. GIVE WAR OR DATES)	215-10-	3179	Margaret A	. Rew, Same	as 130	e		
	18 CAUSE OF DEATH En	to, only one source or	-						MATE INTERVAL	The
	PART I. DEATH WAS C	AUSED BY:	Made	1	7.c C	xci'un	u-	SCHWINGS	JINSEL KIND DEA	
	IMM	EDIATE CAUSE (a)	14076							
			DR AS A CONSEQU	ENCE OF				1/57 1		
	Conditions, if ony, while gove rise to immedia						-			_
	couse (a), stating t	he DUE TO, C	OR AS A CONSEQU	ENCEOF						
	underlying cause la	(c)_		82 n						
Z O	PART 2 OTHER SIGNIFIC	ant conditions of	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR GOI	DITION GIV	VEN IN PART 110	DPF	>
CERTIFICATION	19a DATE OF OPERATION	19b. CONI	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN		
Ĕ		32,476.5				YES NO	YE		NO [	
SE SE	21a ACCIDENT WAS UNDERLYIN		OF INJURY		21c. HOW INJURY OCCU	URRED (ENTER NATURE OF IN	URY IN ITEM 18	PART I OR PART 2)		
	OR CONTRIBUTING CAUSE	OF DEATH	A.M. MONTH D	AY YEAR						
MEDICAL	(IF EITHER NOTIFY MEDICALEX		OF INJURY	19	211 LOCATION					
W.	WHILE IT NOT WHILE I		TREET, FACTORY, OFFICE	FARM ETC )	STREET	CITY OR 1	OWN	COUNTY	STATE	
								10	1	
	220 I certify that (I) (this saw the deceased all		he deceased fram_		nd that in (my) (our) apinic	on dooth occurred on the			that (1) (we)	
	abave, (1) (we) (did) (d	did nat) view the bad	y after death.	, 0		on death accorded an the	sale and had			-
	226 SIGNATURE	11500		0	DEGREE ATTENDING	MEDICAL ST.	AFF	22c DATE	SIGNED	1
	yrea!		1 CD 70	0).	PHYSICIAN	DIRECTOR   PHYS	ICIAN 🗌	10/	()	1
	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS					
	/ Gracito	Patricio,	M.D.		2926 E. Co	ld Spring La	1.			
23a	BUIDIAL CREMATION DEAM			NAME OF	CEMETERY OR CREMATOR	Y 234 LOCATION				
	(SPECIFY) Burial	10-16	-87	Parkw	booy	Balto.,	Md.	COUNTY	STATE	
124 F	UNERAL DIRECTOR				250. D	ATE REC'D. BY REGISTRA	RI25b. REGIST	TRAR'S SIGNAT	URE	
	Leomard J. R	uck. Inc.	5305 Hay	rford	Rd. Of	CT 1 6 1087	Julia	Dividur.	Rudale	)
		,	7777 22003	L U L U		0 1 2 0 1201	10	W-1	-	

DHMH - 16 60M 7/84 (VRA 15, 4)

	1	FOR - STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND SEALTH AND MENTAL HYG SICATE OF DEATH	FIENE REG. NO	<b>()</b>	
I I O O OCT	<b>20</b> 9	PEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
poge 3	(1.77	ROBERT		BR	ANCH Sr.	OCTOBER 1	5, 1987	9:30 P
ctor po	3 SE	× MALE	A RACE BLACK	5 DATE		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE.	
2 53 0		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	DE NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
1 1 6	2	VA	U.S.A.	WIDOW	ED DIVORCED	BALTIMORI	ECITY	N
		BALTIMORE	THE JOHNS H			120 USUAL OCCUPATION OF THE RETIRE		OF BUSINESS O
112	USU 13a	AL RESIDENCE HE NURSING HOME OF		E BEFORE ADMISSION) R.TOWN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS N. BO	ZIP CODE ND STREET	21213
1	14 F	ATHER'S NAME	MIDDLELA	.st	15. MOTHER'S MAIDEN NA	ME		LAST
DE MIT		MITCHELL	BRAN	ĬСН	WILLIE	Moote		(43)
100	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	SS	
4 ( 1 ( 4 )		YES MOOR UNKNOWN) (IF YES GI	N/	/A	ROBERT BRANC	H JR 5695	PURDUE AVE	OXIMATE INTERVAL EN ONSET AND DEATH
the fow requires that the fow requires that by the foreign day for the price is burief, or other any rejury, or other	CERTIFICATION	PART 2 OTHER SIGNIFICANT  Set at us p  19a DATE OF OPERATION		GTO DEATH BU	NOT RELATED TO THE TERM	1 200 AUTOPSY?	DITION GIVEN IN PART  206. IF YES, WERE FINI IN CERTIFYING CAUS  YES	DINGS USED
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otherding	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NN COUNTY	STATE
TO HOSPITAL OR ATTENDING retained by the houseld lead to FUNERAL DIRECTOR. At should be detached to use with the State Dept of Health IMPORTANT: if here 21 is not		270. J certify that (1) (this hosp saw the deceased alive or abave, (1) (we) (did) (did not 27b. SIGNATURE	all view the body after death.	0.3	nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	death occurred an the do	ate and have and from t	TE SIGNED
O HO TO FU Should with th		Edward	Galdstein		Johns H		espital	rib ZIZU
₽₽	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN BALTIMOR	4° OHINTY	State
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		-	250 DA	CT 19 1987	256. REGISTRAR'S SIGN	ATURE
(VRA 15, 4)	W	M. C. MARCH F/H	I. INC. 1101	E. NORTH	AVENUE	01 19 190/	wie Decider	· Kandaes



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OCT 27 1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND CERTIFICATE OF I		REG. NO.	*		Ī
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3 5	SEX	4. RACE	5. DATE OF BIRTH		AGE IN YEARS LAST BIRTHDA		INDER I YEAR	IF UNDER 24 HRS
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2 36 3	MD	05/3		NORCED	Baltin			WE
P 10	Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI 2226 Eagle S	EET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI		126. KIND O INDUSTRY	F BUSINESS OR
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fraumotis	Conditions, if ony, which gove rise to immediate		JE CORON				3.	YEARS
cramation, or other traumati							3.	YEARS
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CHATATER WILLIAM SISTATAHO

SCHOOL OFFICE RECORDS

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	1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE	REG. NO	8	4 3	Ö
		CEASED NAME	FIRST		MIDDIE		AST	2a DATE	OF DEATH	AONTH D	AY YEAR	26 HOUR
6 9 6 9 6 TOCT 26	87	ON PRINTING	HARO	LD	Α.	BRI	GHTFUL S	r.		10 2	20 87	M
2 4	1 SE	K	4.	RACE		5. DATE O		6. AGE	IN YEARS LAST BIRTH		ONINS DAYS	IF UNDER 24 HRS
4 96 4	_M	ale	150	B1 ack		6	23 40	4	17	YRS		
A 1 1 0/	7a. B	RTHPLACE (STATE OR FO	PREIGN 76		WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTI	MORE CITY OF	COUNTY	OF DEATH	
		Md.		USA		WIDOW			altimore	e City	/	MD.
1111	10 C	TY OR TOWN OF DEAT	H 11		HOSPITAL, NUI		OR OTHER INSTITUTION		AL OCCUPATION			BUSINESS OR
5 1 11 6	B	alto.			LOCH R				c. Guard			elephone
YLAND 212 the 24 hou why tilled in 7 should be man galacte	134.3	Md.	136 COUNTY		Balto	OWN	13d. INSIDE CITY LIMITS? YES NO 1	610	et address / 01 Loch		Blvd.	21239
ROO		Steve VAS DECEASED EVER II	MID A DAGE	На	rris 1166 SOCIALS	ECHIPITY NO	Odella 17. INFORMANT		ADDRES	Brig	htful htful	
TIMORE Sin and Pages Fredict		YES, NO OR UNKNOWN)	(IF YES GIVE W		218-36		Carmen Bri	ightfu <sup>*</sup>		L4 Dun		Cir illage MATE INTERVAL NSET AND DEATH
RDS, 201 W, PRESTI requires that the deal residence remove a residence remove a residence.	NOI	Conditions, if ony, gove rise to imm cause (a), stofing underlying couse	ediate the lost.	(c)_	R AS A CONSE		NOT RELATED TO THE TE	RMIN AL DISE	EASE OR COND	ITION GIVE	N IN PART 110	
At RECO	CERTIFICATION	90 DATE OF OPERATI	ON	196 COND	ITION FOR WH	IICH OPERATIC	N WAS PERFORMED	200 A	UTOPSY?	20b IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES O	GS USED OF DEATH? NO
CLAN 1 CLAN 1 g. Physic and from med from	15.5	210 ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA)	AUSE OF DEATH		FINJURY M. MONTH M.	DAY YEAR	21c HOW INJURY OCC	URRED (ENTE	R NATURE OF INJUR	IN ITEM 18 PA	R1 I OR PART 2)	
IVISION other data other this of the but he and Ma	MEDICAL	21d INJURY OCCURRE		21e PLACE (AT HOME ST	OF INJURY REET FACTORY OFF	ICE FARM ETC )	211 LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
D HOSPITAL OR ATTENDER TO HOSPITAL OR ATTENDER TO FLINERAL DIRECTOR. All mould be detected for uses the State Dept. of Health WPORTANT. If them 21 is mon		22a. I certify that (I) ( sow the decease, above, (I) (we) (di 22b. SIGNATURE  1 22d. PHYSICIAN'S NA	this haspital d olive on d) (did not) v	COM	87	9	d that in (my) (aur) apini DEGREE ATTENDING PHYSICIAN	/ MEDIC				-
₽₽ ₽₽ \$ <del></del>	23a 1	SURIAL, CREMATION, R SPECIFY BUTIAT	EMOVAL	23b. DATE 10/2			EMETERY OR CREMATOR thedral Cem.		CATION Trimore	e, Md.	COUNTY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR	CH F/	н 430	O WAB	ASH AV		T23 1	REGISTRAR Z		AR'S SIGNATU	

Item 18a,20,21a,b,c,d,e,f,22a STATE OF MARYLAND FOR STATE 10-30-87 per med exam REGISTRAR DE LEASED NAME 20. DATE KNOWN X MONTH TYPE OR PRINTS ESTI-E 5 FOR YOUR FILES.

10. WITHIN 72 HOURS

W. PRESTON STREET, FAY BRINK DEATH MATED 10-14-87 DIANE 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR PRONOUNCED 13.1946 Female White DEAD 10-14-87 B:20P 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Wash. D.C. U.S.A. Baltimore City DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 19 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Nursing 228 Stonecroft Apt. H Baltimore 21228 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 130 STATE Balto. Baltimore Md. NO Y 228 Stonecroft Rd. Apt. H 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Brown Kowalick Louise Andrew 17 INFORMANT 3625 Marestic Lane 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES. NO. OR UNKNOWN) 578-64-2077 Andrew Kowalick Bowie, Md. 20715 No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PRESTON ST. PART I DEATH WAS CAUSED BY: Amitriptyline intoxication IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CRETIFICATE, WRITING THE WORD "PAGE A SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURRIAL, YES X NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 87 Indestion of drugs 210 PLACE OF INJURY (AT HOME 21L LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK 22u Stonecroft Baltimore City, MO. above residence 22s I certify that I took charge of the remains described above, held on Suicide X Homicide Undetermined manner TITLE (SPECIFY) 10-15-87 Assistant SIGNATURE SIGNED Margarita A. Korell, M.D. ADDRESS 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 23d LOCATION 234. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Cremation Oct. 19,1987 Westview Memorial Park Baltimore, Md. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** Owings Mills, Md. (VR A15 ME (5))

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e, MARY	3		FIRST  A  VAS DECEASED EVER IN U.S. A	MIDDLE LAS		FIRST	ADDRESS	LAST	
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TAL CAR	N		226. SIGNATURE	Voieta		TTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF PHYSICIAN [	22c. DATE ST	21/87
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DHMH - 16 (VRA			Wm C March F/H	H West 4300	Wabash Ave	0CT 26 198	17 Julia	Denger K	alle .

STATE OF MARYLAND

779 OCT -	87	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARTLAND HEALTH AND MENTAL FICATE OF DEATH	HYGIENE REG. NO	284	0.1
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G PHYSICIAN: ottending phys er this certifico s the buriol-trai ond Mental Hy rked ar Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF CHIEF EITHER NOTIFY MEDICAL EXA  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	DE DEATH HOUR A.M. MO P.M.  21e PLACE OF INJUE (AT HOME STREET FACTO	NTH DAY YEAR 19 RY	ZII LOCATION STREET	CITY OR TOW		STATE
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HOSPITAL HOSPITAL FUNERAL Suld be detect th the State		22d. PHYSICIAN'S NAME ( RENEE	J- Syall MD TYPE OR PRINT)		22e ADDRESS	AVEN Veterans I	AN DY	0/5/87
BP	В	BURIAL CREMATION REMO Urial		23c NAME OF Dulaney	Valley Men	orial Cockeysv	ille, Balto	
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME  SUPPLIES HOUSE	Funeral Home 3	631 Falls		OCT 6 1987		ATURE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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ulia Davidson Randaca

	CEASED NAME					20 DATE OF DEATH			YEAR	26 HOU	
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	WAS DECEASED EV			SECURITY NO.	17 INFORMANT	ADDRE	SS			977	
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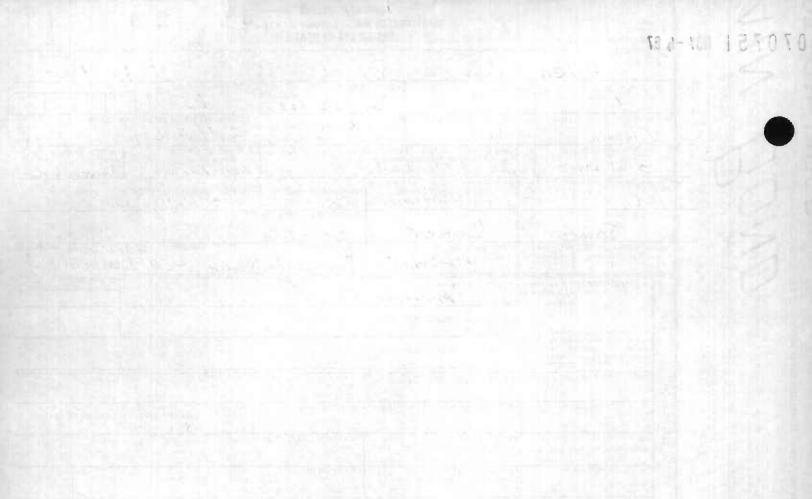
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	RE, MD. 21201 EATH. IF ANY DELAY IS NECESSARY, PLEASE EST, 2, AND 3 TO THE FUNERAL DIRECTOR. PM 3. RETAIN PAGE 5 FOR YOUR FILES. ND 2 SHOULD BETALED.WIRKHIN 72 HOURS FYNDAL RECORDS; 201 W PRESTON STREET,	10. C	TY OR TOWN OF DE	ATH I		PITAL, NURSING HOM	E, OR OTH	IER INSTITUTION	120. USUAL OCC	UPATION (TYPE OF	WORK 126 KIN	ND OF BUSINESS
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	AND STEP	USU/ 13a S	AL RESIDENCE HEINNI	IRSING HOME OR	OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISS		113d INSIDE CITY LIMITS?				
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on ond o		NAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WED FORCES? 166 SOCIA	L SECURITY NO. 28-4893A	Anna Bro	un 601 WV	anake Au	CNUC OXIMATE INTERVA
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9 8 4	4		18 CAUSE OF DEATH (Fator only	ane cause per line forcal, (b), and	11011	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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5 50			BY WED IN E	C/1002 (a)			
£ 250	9			DUE TO, OR AS A CONSEQUE	NCE OF		
D 2 2 0	5		Canditians, if any, which	(d)			
0 0 0	Ē.		gove rise to immediate	(8)			
4.11	9		cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
400	*		underlying couse lost.				
2.4.0	ò			(c)			
0.5.0	3	1	PART 2 OTHER SIGNIFICANT CO	Onditions <u>contributing to d</u>	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART 110
2 2	3:	6					
1 2 3	2	Ě					
2 2 6 6	5	5	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
# 5 6 E	1-1	重				-	IN CERTIFYING CAUSES OF DEATH?
9 2 1	200	E				YES NO	YES NO
2 5 5 2	00	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 21
五 十十年	20		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR		
Y m 201	17	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
24 113	7/	ŏ	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
1 4 4 7	0	AEI		(AT HOME STREET, FACTORY, OFFICE, FA		CITY OR TOV	WN COUNTY STATE
5 14 5	2	~	AT WORK AT WORK	, office, is			31616
5 5 5 5	9				1	0.1	
0 0 0	1		22a I certify that (1) (this haspita	il) attended the deceased from _	10 8/		19 , that (I) (we) lost
D D C E	=		saw the deceased alive on_	COT 30 10 2	and that in (my) (aur) aninian	double assumed as the de-	
AT DSP	2		abave, (1) (we) (did) (did nat)	view the bady after death.	. dila mai m (my) (acr) apiman	death accurred an the da	ite and have and leam the causes stated
hosp hosp RECT red fo	- e		226. SIGNATURE		DEGREE		22c DATE SIGNED
م م م			7. m-	<i>t</i>	ATTENDING	ALEDIGAL STAF	
RAL dete			Tw. Irian	enz	PHYSICIAN [	MEDICAL STAF	
FUNERAL	Z	1	22d PHYSICIAN'S NAME (TYPE OR	DRINT)	22e. ADDRESS	J DIKECTOK   PATSIC	IAN A 1 1 1 1 1 1 1
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etoined by TO FUNER should be a	MPORTANT			7	Univ	10 11-1	181
		23a i	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	234 LOCATION	
BP			SPECIFY	11-3-97 1	A. M. Ale	CITY OR TOWN	COUNTY A STATE
DF			Burial	11-001	ing Mem PK.	Dalva	Md.
	A 7 (D :	24 E	INERAL DIRECTOR			E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
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- 0 0	ā 5	CA	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
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Spito Spito CTO	23		sow the deceose obove (1) we) (d	d alwa on	yiew the Body	ofter death.	, d	nd that in (my) (our) opinion	death occurred on the date and	hour and from the couses state
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etoined TO FUI	W W		Weldator	tiela		0		Bult 1	nd 21229	
of Tel	3 ≧	23a	BURIAL, CREMATION, F	REMOVAL	236 DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY STAT
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STATE OF MARYLAND

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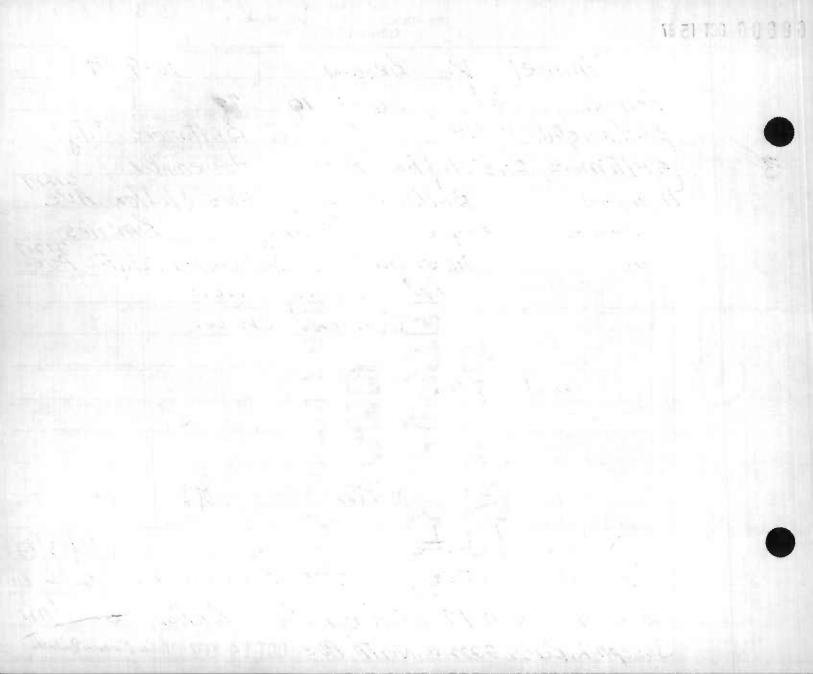
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BALTIMORE	20 5 7 0 -	160 WAS DECEA	SED EVER IN U.	S. ARMED FORCE	ES?		IAL SECURIT	Y NO.	17. INFORMAN		Anit	ADDRESS		Myers	3
5	E SESSION IN	YES, NO, OR UN	KNOWN) (IF YE	S, GIVE WAR OR DATE	E5)				Dwanda	A M			A DOME		
¥.	SPEAS		F OF DEATH /Fo	ter only one caus		(-) (1-)	1(.)		prenua	A. Mye	rs, SAME	AS AS	ABOVE		IMATE INTERVAL
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>	FOR ANY		rise to imme		(b)	5 A CON	SEQUENCE	0.5							
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DIVISION OF VITAL	CERTIFICATE SHOULD ITING THE WORD "PE DED TO THE CHIEF A E 3 SHOULD BE USED. OFFERENCE TO BURIAL, OF	210 EXTER	NAL CAUSE WA	AS 21h	. TIME OF I	NIIIIPV		111. 4	OW INTERPRETATION	CHARTA	R NATURE OF INJURY			YES	NO [
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<u>&gt;</u>	ARITH ARITH ARDEE AGE 3 ATE DE	WHILE	NOT WHIL	E [25]	STREET, FACTO				STREET		CITY OR TOWN	0000	COUN	4TY	STATE
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	S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. D, WITHIN 72 HOURS W, PRESTON STREET.	5	FOREIGN COUNTRY)							VER MARRIE	ED LA			_		AL DEATH	
	SNS SNS	10	Pa CITY OR TOWN O	FDEATH	U S A	PITAL NURS	ING HOME	OR OTHE	-	DIVORCE			timos			KIND OF	8USINESS
	F ANY DELAY IS NE AND 3 TO THE FUI RETAIN PAGE 5 HOULD BEFLIED, V RECORDS, 221 W.		Balti		1202 Br	CILITY, GIVE STRE	ET ADDRESS)	0110			FOR MC	OST OF WOR	RKING LIFE)	(111/2 0) 40	ORK 1188	OR INDU	
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BALTIMORE	S AFTER GIVE PA ITH FOR PAGES I		(YES, NO, OR UNKNOW		WAR OR DATES)	212	14-597	16	Flori	e Far	mon	120	12 Dv	22444	ich	Avenu	10
, m	NOF 55	-	Yes 18 CAUSE OF	DEATH (Enter on	ly one couse per line			0 1	<u> </u>	erar	mer	120	)	auu	1	APPROXIM	AATE INTERVAL
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	ULD BE EXECUTED WITH "PENDING". IN PENCI: F MEDICAL EXAMINE ED AS A BURIAL - TRAI HEATH AND MENTA!		PART 2 DIHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED	D TO THE TERMIN	AL OISEASE	OR CONDITION	GIVEN IN PAR	T I (g)	11111					
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DIVISION OF VITAL RECORDS,	HEAD WITH	CERTIFICATION	19a. DATE OF C	PERATION	196 CONDIT	ION FOR W	HICH OPERA	TION WA	SPERFORA	MED?					12	0 AUTOP	SY?
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	ATE, ATE, ORW R: P. IE ST.		22a I certify	that I took chara	e of the remains desc	ribed ABI	Q <sub>N</sub> ON	LYutapsy	(X).	Inspection		Inquiry		and in n	ny opinia	0	
	A CHEST	80	death resulted		al causes	Accident [	, Suic		Homici		Undeter	. ,		7.	., opinio		
	ERT ERT WITH WITH WARY		and the same of	Λ	(				TITLE (SP	PECIFY)							
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	NET A SI		EYAMINED'S N	(m)	- 1	-											
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PORMER A JOHOLID BE FORM TO FUNERAL DIRECTOR: A FTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2	4-	EXAMINER'S (TYPE OR PRI		nn M. Dix	on, M.	D.	A	DDRESS	111	Penn	St.	, Ba.	lto.	, Md	. 21:	201
	<b>F02749</b>	23a	BURIAL, CREMATIO	ON, REMOVAL 2			ME OF CEM				23d. LOC CITY OR	TOWN			COUNTY		STATE
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8.0711	DHMH - 17	24		-	H West 43	00 11 1	-1 0		2	OPT 4	EC'D BY R	ECISI	With the	<b>EXE</b>	S. C. C.	A STATE OF	
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68606 OCT 15	87 -	FOR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE REGISTRAR CERTIFICATE OF DEATH  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIERE  REG. NO. REG. NO.
eath. Page 4 may be gold director page 3 n72 hours after death	1. DEC (TYPE	TEASED NAME (FIRST MIDDLE LAST 28 DATE OF DEATH MONTH DAY YEAR 28 HOUR OR PRINT)  A RACE S. DATE OF BIRTH MONTH DAY YEAR 18 UNDER 23 HBS.  MONTHS DATS HOURS MINI.  YEAR  YEAR  YEAR  YEAR  YEAR  YEAR  YEAR  YEAR  WIDDLE  WIDDLE  WIDDLE  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  TO DATE OF DEATH MONTH DAY YEAR 18 HOURS MINI.  DAY YEAR  MARRIED DIVORCED  MARRIED  DIVORCED  DIVOR
te, MARYLAND 21201  couled within 24 hour after completely filled in 5-1 feet within 5 1 Journal 2 should be filled within coll examiner, must be notified on the filled within the filled withi	14 FA	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH ACRIET, GIVE SIRRE MODES)  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDES)  13. STREET ADDRESS / IP CODY  13. STREET ADDRESS / IP CODY  14. STREET ADDRESS / IP CODY  15. MOTHER'S MAIDEN NAME  FIRST  MIDDLE  16. KIND OF BUSINESS OR  (TYPE OF WORK FOR MOST OF WORKING LIFE)  17. NOTHER'S MAIDEN NAME  FIRST  MIDDLE  18. STREET ADDRESS / IP CODY  19.
RECORDS, 201 W. PRESTON ST., BALTIMORE low requires that the death certificate be executed requires that the offending physician and comment the mation, or removal.	CATION	(18 CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (c)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:a
DIVISION OF VITAL  OR ATTENDING PHYSICIAN: The enospial or ottending physician plike CTOR. After this certificing to the for use as the bunal-transit along to Health and Mental Hygie, them 21 is marked or them 18 should	MEDICAL CERTIFICA	19th CONDITION FOR WHICH OPERATION WAS PERFORMED   20th AUTOPSY?   20th IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES   NO
TO HOSPITAL TO FOURTH OF THE MAIN TO FUNERAL TO FUNERAL Should be detect with the Store D MADORTANT: #	2	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR 40 X 10 47 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNIOFR 24 HR 1.5EX 5. DATE OF BIRTH MONTH BALTIMORE CYTY OR COUNTY OF DEATH A BIRTHPLACE ISTATE OR FORFIGN NEVER MARRIED MARYLAND WIDOWED DIVORCED IL 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETT RED MECHANIC WAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE WATERS MOSES AUGUSTUS BRUCE ANNTE MYRIA 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) YOSEMITE MRS. SHIRLEY B. LOCKETT NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I DEATH WAS CAUSED BY: M. 90 Car dia IMMEDIATE CAUSE (a) on ide lose dies Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 eaming gicinoma 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE 22a | certify that (1) (this haspital) attended the deceased from. sow the deceased alive on abave, (1) (we) (did) (did not) view the bady alter death. , and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated DEGREE MACRM MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN phin street, Beltu, MD MAEEIN 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) RANDALLSTOWN (BALTO-THOMAS CEMETERY 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Julia Davidson Randall (VRA 15, 4)

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pag e, de	3. SEX		4 RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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No Pool		THPLACE (STATE OR FOREIGN DUNIRY)  Maryland	76. CITIZEN OF WHAT COUNT	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Baltimore City or Count	
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ig l		AS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIALS		7. INFORMANT	ADDRESS	
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may pog ter de	3. SE.	X	4 RACE	S. DATE (	OF BIRTH	6. AGE (IN YEARS LAST E	BIRTHDAY) IF UNDER	R 1 YEAR IF UNDER 24 HRS DATS HOURS MIN.	
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offer do	10 C	ITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  2423 Washington Blvd		R OTHER INSTITUTION	N 120 USUAL OCCUPA (TYPE OF WORK FOR MOST Stenogram	OF WORKING LIFE) INDI	126 KIND OF BUSINESS OR INDUSTRY U.S.	
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BALTIMORE, MARYLAND 2120  be executed within 24 hours  con and completely filled in by  pers. Pages 1 and 2 should be ful		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI.	AL SECURITY NO. -16-0703	17 INFORMANT	uellis 2423 V	washington	Blvd. 21230	
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ITAL OR Dy the ho RAL DIRE detached store Dep		226. SIGNATURE  226 PHYSICIAN'S NAME (TYPE	mom	/	ATTEND PHYSIC	ING MEDICAL ST		0 2287	
TO HOSPITAL ( TO FUNERAL Should be deto with the Store ( IMPORTANT: If		William Russ				hington Blvd.			
To In Should should be sho	22- 6	BURIAL, CREMATION, REMOVA		177, NIAME OF	EMETERY OR CREMA				
BP	230	Burial Burial	10/26/87		aven Mem.	CITY OF TOWN	rnie A.A	. Maryland	
br	24 F	UNERAL DIRECTOR	10/20/01		T-	50. DATE REC'D. BY REGISTRA		-	
DHMH - 16 60M 7/84 (VRA 15, 4)		Hubbard Funeral		ADDRESS ZI	223	OCT 26 1987	in David	un Producto	

STATE OF MARYLAND

		h.	FOR STATE			STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HOGIENE 28 48						
		1	REGISTRAR		MEI	DICAL EXAMINER'S	CERTIFICATE	OF DEATH REG. NO	х.			
070	784 NOV -	4.8	ASED NAME	FIRST		WIDDLE	LAST Buniff	20 DATE KNOWN OF ESTI-	MONTH DAY YEAR 16. HOUR			
	ET, ET,				ather	Dawn	Buni	DEATH MATED	10-30-87			
	PLEASE ECTOR. FILES. HOURS	3. SE.	X	4. RACE	5 DATE OF BIRTH	YEAR LAST BIRTHDAY) MONT	DER TYR. IF UNDER		MONTH DAY YEAR 24 HOUR			
7-	POUR 72 I	E'e	male	White	June, 28		HS DAYS HOURS		-30- 1987 10:10 A M			
5	ICESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. MITHIN 72 HOURS PRESION STREET,	7a. 8	IRTHPLACE (ST	ATE OR	76 CITIZEN OF WH	IAT COUNTRYS	IED NEVER MARR	O BALTIMOPE CITY O				
ANTE PAGE S		M	Mary land City or town of death  Baltimore		USA	e City MD.						
		10. C			11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  124. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING (IFE)				OF WORK 1726 KIND OF BUSINESS OR INDUSTRY			
		13			South Baltimore Genera		1 Hospital None		OK IINDOSTRT			
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AD.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		ATHER'S NAME		AND DUE		15 MOTHER'S MAID		1.00			
E.	A S A S S		Winc	ent	H	Büniff	Dar	lene L.	Christopher			
OW OW	Ba 6 2 2	16a.	WAS DECEASED	EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
19	A SEE S		No		WAROADATES	None	Mr. Vin	cent F.Buniff	Same as above			
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ors	SECRETARY SECRETARY	1	1.734			AS A CONSEQUENCE OF						
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N N	DEP SE	P P	216. INJURY O	CCURRED			CATION	CITY OR TOWN	COUNTY STATE			
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1	きゅうひょう		death resulte	d fran Natu	ral causes X.	Accident , Suicide	, Hamicide .	Undetermined manner .				
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	A HANDER		ACTUAL SIGNATURE_	/\	1/2	4)		hie ENAMINER	DATE 10-31-87			
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			TYPE OR PRIN	(T)	Ann M. Di	xon, M.D.	ADDRESS 111	Penn Street, Bal	timore,MD 21201			
	535548	23a B	CDECHEV)	ION, REMOVAL	1 .	23c. NAME OF CEMETERY C		23d. LOCATION CITY OR TOWN	COUNTY STATE			
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25M	DHMH - 17	1	NAME	Dall	o.Md. 2016		250. DATE	REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE			
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DIVISION	CERTIFING DED TO SEPA I PRIO	ă	21d INJURY O	CCURRED	21e PLACE	OF INJURY (AT HOME,	211.10	CATION .						
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	RECIPIED SECTION		death resulte	d fram: Natu	ral causes	Accident [2], S	vicide	, Hamicide		ndetermined n	nanner 🔲	145		
	SHOULD SH		ACTUAL SIGNATURE _	VIC	Kinte 1	refore	<u> </u>		stant	MEDICAL EXA	MINER	DATE SIGNED	10-	8-87
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR! AFTER DEATH, WITH THE S BALTIMORE, MARYDAND.		EXAMINER'S I	(T)		A. Korell,	M.,D.	ADDRESS	111 1	Penn St	reet		M	
	5XXX7A8	236. BU	RIAL, CREMAT	ION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY	R CREMATOR	Y 234	LOCATION CITY OF TOWN		COUNT	Y	STATE
07/84 25M	BP		Burial NERAL DIREC		10/10/87	Dulang	Valle	vCeme te	ry	BY DECISE	AD Jack Day	Baltimo	ore Mar	cyland
23141	DHMH - 17 (VR A15 ME (5))	Co	mrelly	Funeral	Home 300	Mace Ave.	2122	1 (	OCT 1	3 1987	AK 230 REC	Distrar's SK	. Kondall	

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	SE S	X	P	alto. Md.		U.S.A.		ALKTY	MARR		VER MARRIE	D X			-		AIH	
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS			Y OR TOWN OF DEATH		T NAME OF HO		DCINC HOME	WIDOW		DIVORCE		Balti			*	OF BUS	MD.
	> E 0 !! 8 <	<	10. 01			(IF NOT IN SUCH	FACILITY GIVES	TREET ADDRESS)		EK INSTITU	TION	FOR MO	ST OF WORKING		OF WORK		NDUSTR	
	H. IF ANY DELAY 2, AND 3 TO TH 3, RETAIN PAG 2 SHOULD BE FILE TAL RECORDS, 20	-	FISILA	Baltimore L RESIDENCE (IF IN NURSIR	NC HOUSE ON C	Johns I				1-5-		In	fant		-	, ,	7	
21201	SEA SE	1	13a S		OUNTY	THER INSTITUTION,		OR TOWN	ON)	13d INSIDE C	ITY LIMITS?	13e. STREE	T ADDRESS		04	00	X	5
.2	A A B S H	4		Md.	100,000		Bal	to.		YES 😾	NO 🗌		Carro]	1ton	Ave			
å.	S 1.2 PN 3 PN 3		14. FA	THER'S NAME	,	MIDDLE		LAST	7	15. MOTH	ER'S MAIDE	NNAME	MIDDLE			LA	ST	
NE.	MAN PER L			Kelvin			Burden	- 33			Cim			Da	vis			
W.	FOR SIGN		16a. V	(AS DECEASED EVER IN S, NO, OR UNKNOWN) (IF	U.S. ARME YES, GIVE WA		16b 500	CIAL SECURITY	NO.	17. INFOR	THAN		A	DDŖESS		215		
1 AC	ANT ONE			1/a			n	/a		Kim	Davis	365	3 Park	Hei	ghts	Ave		
- 2	2002-0			18 CAUSE OF DEATH						400						APP BETWE	ROXIMATE	INTERVAL AND DEATH
N Z	H W W W H			PART I DEATH WAS	VWEDIATE (	CAUSE (a) SI	udden	Infant	Deat	h Syr	drome					OZ I MA	ETTOTISET	
PRESTON	NAME AND					DUE TO, C	R AS A CON	SEQUENCE (	OF.									
¥.		1		Conditions, if any gove rise to im		(b).	- 2											
*	WENT WENT			cause (o) stating th lying cause last.	e under-	DUE TO, O	R AS A CON	ISEQUENCE (	)F	1000							3000	
9	5 2 2 2 0 0					(c)				53								
RECORDS	VER; THIS CERTIFICATE SHOULD BE EXECUTED CATE, WRITING THE WORD, "FENDING": IN TEAT FORWARDED TO THE CHIEF MEDICAL E-MINOR," SAGE AS A BURILLE FIRE STATE DEPARTMENT OF HEALTH AND MENTALLY STATE STATE DEPARTMENT OF HEALTH AND MENTALLY STATE STAT		-	PART 2 OTHER SIGNIFICANT CO	DNOITIONS CON	TRIBUTING TO DEAT	H BUT NOT RELA	TED TO THE TERM	INAL DISEASI	OR CONDITIO	N GIVEN IN PART	T 1 (a).						
0	AN A		CERTIFICATION							1-1								
2	SHOULD ORD "PE CHIEF N E USED A T OF HEA	1	CA	19a. DATE OF OPERATION	NC	196. COND	DITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20 AU	TOPSY?	
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DIVISION OF VITAL	A HE HE WELL	2		210 EXTERNAL CAUSE UNDERLYING OR	WAS	21b. TIME O HOUR A.		DAY YEAR	21c. HC	W INJURY	OCCURRED	(ENTER NAT	URE OF INJURY I	N ITEM 18 PA	RT 1 OR PAR	T 2)		
0	ERTIFIC ING TH ED TO 3 SHOU REPARTA		MEDICAL	CONTRIBUTING CA		ATH P.	Μ.	19		153E								
<u>&gt;</u>	OEP 3S		AED	21d. INJURY OCCURRED	)	21e PLACE STREET, FA	OF INJURY	(AT HOME,		CATION			ITY OR TOWN		cou	LITY		STATE
۵	WRI WARE VARE		*	WHILE NOT WE AT WORK	K K								.II T OK TO WITE		(00	141.1		STATE
	R: T ATE, ORW D: 2		0	22a. I certify that Ata		f the remains d	Acribed abo	ve, held on	Atthe	X.	Inspection		Inquiry	ond	in my op	nian		
	AND THE NAME OF TH			death resulted fram:	Natural	TW/	Acabem	D 5w		Homic			nined manne		in thy op	inan		
0	MCAL EXAMIN E THE CERTIFIC I SHOULD BE MERAL DIRECTY EATH, WITH T ORE, MARYLA			100	The state of	104	71	77/	-	Three	BECIEV)							
	A TACAL			ACTUAL SIGNATURE	ull	b/	Drug	0 MM	MILL	Assi	stant	MEDIC	LEXAMINE	D	DATE	10/	25/8	7
	MEDICA CUTE TH CUTE TH SE 4 SH FUNERA ER DEAT	-		EVALUEDIC MANE		0	11						E ENTANII 1E		3101461	4		
	EC GE	0		EXAMINER'S NAME (TYPE OR PRINT)	Denni	Ls F. Sr	nyth,	M.D.		ADDRESS_	111 1	Penn :	St.		Bal	to.M	D.	
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAT DIRECTOR: PAFTER DEATH, WITH THE STABALT MORE, MARYTAND, 2		23a.BL	RIAL, CREMATION, REM	OVAL 23b.	DATE	23c. 1	NAME OF CEA	AETERY O	RCREMATO	ORY	23d. LÖCA	TION		COUN	TV	STA	16
07/84			Bu	ial	]	10/28/87	7	Kina M	-mori	al		Bal			COON		d.	116
25M	DHMH - 17			NERAL DIRECTOR							250. DATE RE	EC'D. BY RE		Sh. REGIST	-	GNATU		
	(VR A15 ME (5))	)	Jai	nes A. Morto	on & S	Sons 17	01 Lau	rens S	t.		UG	101	1901	Gulla	Means	4.30.4	and a	116

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

REG. NO. 20 DATE OF DEATH MONTH 26 HOUR 10 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore Coty 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING AP INDUSTRY Cabinet Maker Furniture 13e STREET ADDRESS / ZIP CODE 1103 #202 Ivywood Lane21204 BRETSCHNEIDER ADDRESS APPROXIMATE INTERVAL 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | STATE MEDICAL DIRECTOR PHYSICIANA 23d LOCATION CITY OR TOWN HARFORD COUNTY, MARYLAND SOPATE RES DE REGISTRAR 256, REGISTRAR SEIONANA

CERTIFICATE OF DEATH 1 DECEASED NAME (TYPE OR PRINT) R. Burghardt Herman 3 SEX 4 RACE 5. DATE OF BIRTH MONTH DAY White Male July 14, 1913 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Germany U.S.A. WIDOWED ! DIVORCED T CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Union Memorial Hospital Raltimore 130 STATE HALL COUNTY 13d. INSIDE CITY LIMITS? Maryland Baltimore YES NO X Towson THER'S NAME 15 MOTHER'S MAIDEN NAME FRIEDRICH A.H. BURGHARDT ANNA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) 214-14-5341 Mary J. Burghardt Towson, MD 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c)
PART I. DEATH WAS CAUSED BY: congestive heart fulure IMMEDIATE CAUSE (a)\_\_ DUE TO, OR AS A CONSEQUENCE OF ischemic cardiouniobathy Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. atherosclevotic cardisvascular disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG eo Dema. 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC ) NOT WHILE 220.1 certify that M (his haspital) attended the deceased fram sow the decrosed alive an 10 25 above, (Miwe) (did) (did not view the body after death and that in (py (aur) opinion death accurred on the date and have and from the causes stated 77h SIGNATUR DEGREE dip PHYSICIAN 77d. PHYSICIAN'S NAME LITYPE OR PRINT 22e ADDRESS P. G. O'Daniel NO Union Memorial Hospital 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY OCT.29, 187 BURIAL BEL AIR MEMORIAL 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

WILLIAM E. JOHNSON 8521 LOCH RAVEN BLVD (VRA 15, 4)

9834 OCT 2	78	FOR STATE REGISTRAR		CERTIFI	ALTH AND MENTAL HYG CATE OF DEATH	REG. NO	
noy be poge 3		CEASED NAME PRIST PE	auline Georg	130	Burns URNS	10/ 21/182	124 EAB 726 HOUR 7 M
ector. po	3. SE	x Female Jewalo	RACECaucasian White	S. DATE OF	6 DAY 01 YEAR 95		IF UNDER 1 YEAR IF UNDER 24 HRS
nerol dire	1	RTHPLACE (STATE OR FOREIGN 70 COUNTRY) Indiana	USA	8	□ NEVER MARRIED □	Baltimore Ci	
of the fo	10 C	BALTIMORE I	NAME OF HOSPITAL, NURSIN IN NOT IN SLICH FACILITY GIVE STREET A St. Agnes	nnRESS)		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY Home
filled in	USU 13a	AL RESIDENCE (IF NURSING HOME OR O STATE 136/COUNT MD Balt:	THER INSTITUTION GIVE RESIDENCE BEFORE	A0MISSION)	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 106 Glenwood	21228 Avenue
makky, and a strong and 2 strong and 2 strong and 2 strong and 2 strong and a stron	) F	Jacob	Rickle		15 MOTHER'S MAIDEN NAM Unknow	n MIODLE	LAST
be execut on and co	16a \	VAS DECEASED EVER IN U.S. ARM YES DOOR UNKNOWN) (IF YES GIV)	1122 4 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		William H.	Burns Same	as #13
physicic physicic proper provent, the		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	one cause per line far (o), (b) and BY. CAUSE (b)	idis	pulmona	y arrest-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN. The low requirement the death or offereding physician. Wher this certificate has been significant the ord mental Hygiene prior though Mental Hygiene prior orked or feen 18 shaws any mury acceler maintains.	NO	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  DNDITIONS CONTRIBUTING TO D	NCE OF		ey arrest.  Indition.  Inal Disease or Condition Givi	EN IN PART 110
ne low re on. hos been priorities ene priorities	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	I WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
ON OF VITA  TYSICIAN. The ding physicial serificate bound-Irroget Memori Irroget in them 18 sport from 18 sport fr		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	ED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
IVISION  IG PHYS  offending  fer this c  s the bur  s the bur  rked or ft	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FA		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spatial or CTOR Af d for use o d for use o a 21 is mo		220.1 certify that (1) (this hospital saw the deceased alive an abave, (1) (we) (did).(did not)			d that in (my) (aur) apinion (	death occurred an the date and have	
by the ho by the ho ERAL DIRE e detoche Stote Depr		22b. SIGNATURE	Flore	D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/24/87
O HOSI		224 PHYSICIAN'S NAME (TYPE OR	F-WONG		0 - 0	ton Avenue, &	Balto, MP229
BP		Cremation	10/26/87 S	ecuri	metery or crematory ty Process		Balto MD
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral directo 299 Fre	ADDRESS	2122 lto.,	10 10 - 1	E RECE BIGGESTRAR 256 RECEST	RARYLICEMENT

Remitted Programmes

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68904 OCT 19	87	FOR • STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
inthin 24 hours offer depth. Page 4 may be rely filled in by the funefal director, page 3 2 should be filled within 72 hours after death niner must be positived at apa	3. SE 70. B	REGISTRAR  CEASED NAME FIRST  X  IRTHPLACE (STATE OR FOREIGN I COUNTRY)  ITY OR TOWN OF DEATH  AL RESIDENCE (# NURSING HOME OR C)  STATE  131 COUNTRY  ATHER'S NAME	THER INSTITUTION, GIVE RESIDENCE BEFORE	S. DATE OF BIRTH MONTH  3 28 78  MARRIED NEVER MARRIED WIDOWED DIVORCED MODORED DIVORCED MADDRESS RE DOMISSION)	20. DATE OF DEATH MONITO  6. AGE (IN YEARS LAST BIRTHDAY)  7. BALTIMORE CITY OR COL  120. USUAL OCCUPATION (TYPE OF WORK FOR MOGILE OF WORK)  130. STREET ADDRESS  0. 654	IFUNDER 1 YEAR IF UNDER 2 HAS MONTHS WAS HOURS MIN.  UNTY OF DEATH  12b. KIND OF BUSINESS OR
BALTIMORE, MAR		Audie WAS DECEASED EVER IN U.S. ARA	NED FORCES? 166 SOCIAL SEC WAR OR DATES) 233.33	2.9044 Same	ADDRESS	BYTCH EHT
duires that the decilional signed by the attending all hen please in management to buriel, ore automotic even injury, or other troumotic even	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE (c)	JENCE OF JENTE	NNAL DISEASE OR CONDITIO	8 Lays
SION OF VITAL RECORD PHYSICIAN: The law requending physician. this certificate has been sine buriol-transit permit. The different prior to dar frem 18 shows any injury	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR COMMISSITING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	a) internal as	DAY YEAR 19 211 LOCATION	YES NOT	
DIVI OR ATTENDING e hospital or oth ched for use as the ched for use as the Coept. of Health or Nem 21 is marke	MEI	WHITE NOT WHITE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK 220 1 certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did not 27b. SIGNALURE)	(AT HOME, STREET, FACTORY, OFFICE, ot) attended the deceosed from view the body after death.	FARM ETC ) STREET	city or town  to  death occurred an the date ar  MEDICAL STAFF DIRECTOR PHYSICIAN	19, that (I) (we) last and hour and from the causes stated  22c. DATE SIGNED
TO HOSPITAL TO FUNERAL I should be deto		BURIAL, CRÉMATION, REMOVAL (SPECKY) Burial		NAME OF CEMETERY OR CREMATORY  Paul's Lutheran	23d LOCATION CHYORLOWN Aberdeen	Dopt of Sugary Harriord Mid.
DHMH - 16 50M 1/81 (VRA 15, 4)	74 F Ta	uneral Director rring funeral Ho		MA TA	TREG 1987 STRAR MER	GOISTEAR'S STANTE

## 68082 OCT director page 3 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 TO MOSPITAL OR ATTENDING PHYSICIAN. The low requires that the retained by the hospital or ottending physician. TO FUNERAL DIRECTOR. After this certificate has been signed should be detached for use as the buriol-transit permit. Then powith the State Dept. of Health and Mental Hygiene prior to burn IMPORTANT: If hem 21 is morked or hem 18 shows ony

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

d	87	STATE REGISTRAR			CERTIF	ICATE O	F DEATH		REG. N	10			
9	1 DEC	CEASED NAME FIRST	٨	AIOOFE	l	LAST		20 [	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
ı	TIPE	DELORES	ANN	DI	IRRIIS					10/	2/87	6:42	PM
1	3 SEX		4 RACE	- DI	5 DATE C			6. AC	GE (IN YEARS LAST 8	RTHDAY)	IFUNDER 1 YEAR	IF UNDER 24	HRS
		FEMALE	BLACK		7	14			35	YRS	MONIHS DATS	HOURS	MIN.
7		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVI	R MARRIED X	9 B/	ALTIMORE CITY	OR COUNT	TY OF DEATH		
4		NC	U.S.,	Α.	WIDOWE	_	DIVORCED [		BALTIMOR	E CI	TY		MD.
1	10 CT	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER I	NSTITUTION		USUAL OCCUPATE OF WORK FOR MOST			F BUSINESS	OR
1		LTIMORE CITY	UNIO	N MEMORIA	AL HOS	SPITAL			DIETIA		N/A	4	
-	130 S	AL RESIDENCE HE NURSING HOME TATE 136 CC		GIVE RESIDENCE BEFORE		13d INSID	E CITY LIMITS?	13e S	STREET ADDRESS	/ ZIP COI	DE		
		MD		BALTO.		YES (	NO 🗆	_	811 FREE	DOM W	AY_NORTH	1 212	13
	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTH	ER'S MAIDEN N.	AME	MIDDLE		LAS	1	
		THOMAS		BURRUS		0	EORGIA				SMIT		
	160 W	VAS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECU	IRITY NO.	17 INFOR	MANT		ADDI	₹ESS			
	`l	(ES NO OR LINKNOWN) (IF YES				GEOR	GIA BUR	RUS	4605 FR	EEDOM			
1		18 CAUSE OF DEATH (Ente	only one couse per	line for iol, (b), on	d (c)	ALC: N					BETWEEN	MATE INTERVA ONSET AND DE	ATH_
1		PART I. DEATH WAS CAL	JATE CAUSE (o)	Cardio	pulm	very 1	west				3	One	
1			DUE TO, OF	R AS A CONSEQUE	ENCE OF	0							
1		Conditions, if ony, which	(b)	sepic							/	week	_
		gove rise to immediate couse (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF								
1		underlying couse lost	(c)										
	z	PART 2 OTHER SIGNIFICAN	6 A24	INTRIBUTING TO I	DEATH BUT	NOT RELA	TED TO THE TER	RMINAL	DISEASE OR CO	NDITION G	GIVEN IN PART I	0	
4	ATIO	19n DATE OF OPERATION	offpea 11 contra	TION FOR WHICH	DEDATIO	NI NA/AS DEI	DEODANE D	1 2/	0a AUTOPSY?	ZON IE V	ES. WERE FINDI	NOS LISED	
2	CERTIFICATION	9/25/87	pe	firsted	VISI		KPOKMED	-	ES NO NO	IN CERT	TIFYING CAUSES		?
	CER	210 ACCIDENT WAS UNDERLYING	LIOLID A		AY YEAR	21c. HOV	INJURY OCCU	IRRED	ENTER NATURE OF IN.	JURY IN ITEM TE	8 PART I OR PART 2)		
7	CAL	OR CONTRIBUTING CAUSE OF	DEATH		19	1-2							
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY EET FACTORY, OFFICE, F	ARM STC \	211 LOCA	ATION		CITY OR T	OWN	COUNTY	STA	16
	2	AT WORK NOT WHILE AT WORK	TAT HOME STA	CET TRETORT, OFFICE, F	Man Eley								
4		22a.1 certify that (1) (this he			9/24		19_8	1	to 10/2	_	19 07	that (I) (we	) lost
	- 10	ow the deceased glive	on 0/2	uffer diseth.	. 01	nd that in (	ny) (our) opinioi	n deoth	occurred on the	dote and he	our and from the	couses state	d
		22b. SIGNATURE	1	700		DEGREE				117	220 DATE	SIGNED	
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		22d PHYSICIAN S MANLE (II	SE OR PRINTS		3.5	22e ADD	RESS	la	011	-24.1	.0	51.77	- 18
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		SPECIFY)					OR CREMATORY		d LOCATION		COUNTY	STA	E
		BURIAL	10/7/8	37 C	EDAR	HILL	CEMETER		ANNE AR	UNDEL	CO	M	
		UNERAL DIRECTOR		AODRESS				ATE REC	D BY REGISTRA	R 25b. REG 15			
	W	M. C. MARCH F.	H. INC.	1101 E.	NOR TH	AVEN	UE I NO	T.	6 1987	1000	Juridan- K	andall	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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Aca oct u	1.	FOR STATE REGISTRAR	DI	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE /	REG. NO.	8 4	9
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ge 4 moy rector, pog urs after de	3. SE	MALE	4. RACE BLACK	5. DATE C		6. AGE JIN YEA	RS LAST BIRTHDAY)  74 YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
death. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)  NORTH CAROLINA		MARRIE WIDOWE		/	CITY OR COUN	Balta.	MD,
by the fi		BALTIMORE	LE ATON HOS	PITAL T	MEDICAL	120. USUAL OF	OR MOST OF WORKIN	B LIFE) INDUSTRY	TRUCTTON
in 24 hour	MA	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	JNTY J.Sc. CITY C BALT	CE BEFORE ADMISSION) OR TOWN TMORE	AES MO 🗆		DRESS / ZIP CO	AVENUE :	21217
ampletely filled		MOSET	MIDDLE				WIDDLE	FOOT	E
scion and company with the medical		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIA	16 2296A	MRS - EMIL	Y WILSON	2029 H		
i that the death certificated by the attending physical lease remove carbon papical, cremotion, or removolor or other troumatic event, the		PART I. DEATH WAS CAUS  IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	only one couse per line for (o)  EED BY:  ATE CAUSE (o)  DUE TO, OR AS A COI  (b)  DUE TO, OR AS A COI  (c)	CARDIO NSEOUENCE OF	PLEMONALE 1STASTATIC		16.23		MANE INTERVAL INSET AND DEATH
he law requires on. has been signe t permit. Then p rene prior to bur	CERTIFICATION	PART 2 OTHER SIGNIFICANT	196. CONDITION FOR			20a AUTOP	SY? 206. IF	GIVEN IN PART 100 YES, WERE FINDING RTIFYING CAUSES (	GS USED
PHYSICIAN: T ending physici this certificate te burial-transi ad Mental Hygi d or item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	EATH HOUR A.M. MON' ER) P.M.  21e. PLACE OF INJURY	19	21c. HOW INJURY OCC		RE OF INJURY IN ITEM	1B PART 1 OR PART 2)	STATE
TENDING Potal or offer trong of the state on the state of	×	WHILE NOT WHILE AT WORK  220.1 certify that (I) (this has sow the deceased alive o	n	from	d that in (my) (our) opini	, to		_, 19, th	hot (l) (we) lost
O HOSPITAL OR AT the hosp to the		226. SIGNATURE	ORPRINI) INDSA KAUA	Sugla	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL	STAFF PHYSICIAN	220. DAJES LOCIL	IGNED
ВР		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL JNERAL DIRECTOR	10/17/87		IN CEMETERY	BALTI	MORE (F	BALTO.)	STATE
DHMH - 16 60M 7/B4 (VRA 1S, 4)		EWIS T. GWYNN	4517 PARK HE	IGHTS AVE	. 21215 00	CT 13 198	37 Julia	Dender	it dates

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FOR

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aux) ppinion death occurred on the date and hour and from the couses stated 22c DATE SIGNED CITY OF TOWN (SPECIFY) COUNTY Buria1 Meadowridge Cemetery Elkridge 250 DATE REC.D. BY REGISTRAR 255 REGISTRAP SSIGNAL E Harry H. Witzke 4112 Columbia Pike DHMH - 16 60M 7/84 Funeral Home, Inc. (VRA 15, 4) Ellicott City, Md

STATE OF MARYLAND

2b HOUR

17h KIND OF BUSINESS OR

State Police

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 1 YEAR

INDUSTRY

Nalkar

170201 012307 Korkeone / Lande Markey Personal Mar Strong & Schwere Market THE HAR LESS COME IN THE SECOND SECTION SECTION SECTION and the desired and the state of the state o

STATE OF MARYLAND

73c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

23 BURIAL CREM

74 EUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S

IN CERTIFYING CAUSES OF DEATH? YES [

COUNTY STATE

NO |

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

20

IF UNDER I YEAR

UNDUSTRY

22c. DATE SIGNED

23d. LOCATION

7922 Wise Ave. Dundalk, MD 21222

(VRA 15, 4)

068253	) OCT	1.1.	Item 6 Film G6 FOR STATE per funeral h	DED	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	7 10 7 14 1	3 4 9 7
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aoy Pog		3. SE	(	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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oy the fu	36	10 C	altimore	11. NAME OF HOSPITAL, N DE NOT IN SUCH FACULTY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) MEDICAL CENTER	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
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STO death	ion, o		Conditions, if ony, which	(b) SE	PTICEMIA.		
W. PRE	cremot other tro		gove rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF		
duires the against the signed	ta buriol njury, or	N O	PART 2 OTHER SIGNIFICANT		G TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION G	IVEN IN PART Na
L RECOR	ws ony	CERTIFICATION	190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
DF VITA	tol Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		H DAY YEAR	CURRED { ENTER NATURE OF INJURY IN ITEM TO	3 PART I OR PART 2)
DIVISION OF VIT ING PHYSICIAN: r offending physic of the handlyton	and Meni	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	21f LOCATION	CITY OR TOWN	COUNTY STATE
DIVI or off	olth o			pital) attended the deceased	from 8/4 19 8	37 10/02	19.87 that (It (we) last
F 5 8 5	of He 21 is		saw the decensed alive a	10/02	0-7/	inian death accurred on the date and hi	
8 4 8 A	tem t		22b. SIGNATURE	nat) view the bady after death.	DEGREE		22c DATE SIGNED
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0 6 0 6	W W	23a	BURIAL, CREMATION, REMOVA		23c NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	
BP			(SPECIFY) Burial	10/6/87	King Memorial Park	Randallstown	COUNTY STATE
DHMH - 16 (VRA 1		24 F	uneral director m. C. March F/I		1750	CT 05 987	THE SHOW TO WAR

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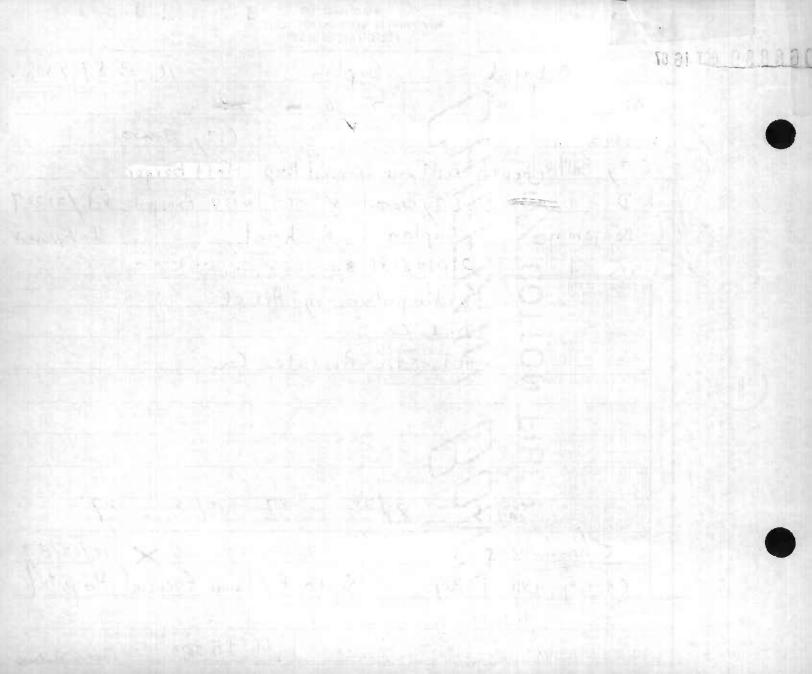
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The low requires that ciron.  The low requires that ciron.  The low seen signed by si permit. Then please gene prior to burial, cre genere prior to burial, cre shows any injury, or oth	CERTIFICATION	PART 2 OTHER SIGNIFICANT  Choole  190 DATE OF OPERATION  10/22/87	Tigh CONDITION FOR	٠,	N WAS PERFORMED	200 AUTOF	PSY? 20b. IF Y	ES, WERE FINDING IFYING CAUSES O	
PHYSICIAN: rending physis this certificol he buriol-tron nd Mentol Hy	MEDICAL CE	716. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 216. INJURY OCCURRED WHILE AT WORK AT WORK	CAIN		21t LOCATION STREET	CURRED (ENTER NATU	RE OF INJURY IN ITEM 18	PART   OR PART 2	STATE
1. OR ATTENDI the hospital or L DIRECTOR: A stoched for use to Dept. of Heol		220. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did in 22b. SIGNATURE	(3/27	19 87 0	nd that is (my) (our) opin DEGREE	G _ MEDICAL _	STAFF		
TO HOSPITAL retoined by # TO FUNERAL should be det with the State		THE PHYSICIAN'S NAME (114)	Raule	58	22ª ADDRESS  22 S	N DIRECTOR	St Bo	1 home	~
BP		Burial Burial	23b. DATE 10/27/87		EMETERY OR CREMATO	y Ann	e Arundel	СО	Md
DHMH - 16 50M 1/B1 (VRA 15, 4)	74 L	SINERAL DIRECTOR	/H Wast 1300	Markach Av	onue 25w	DATE REC'D. BY RE	GISTRAR 256 REGIS	TR COOLS	lass.

723 OCT -	716	7FOR STATE			DEPART	MENT OF	E OF MARYLAND LEALTH AND MENTAL HYC	GIENE (	2 3		1 1
20 001	1 .0	REGISTRAR				CERTII	ICATE OF DEATH	REG. NO	D. 1		
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mo)	3. SE	x		4 RACE		5. DATE (		6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HOURS
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P. Po	70 B	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
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the the	10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O		126. KIND O INDUSTRY	F BUSINES
tile by		Baltimore			Agnes Hos			Homemake	r	Own H	ome
hou be	13a.	AL RESIDENCE (# NUR STATE	131 COUN	TOTHER INSTITUTION	13c. CITY OR TOV		134. INSIDE CITY LIMITS?	130. STREET ADDRESS			
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with Mark	14) E.	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS	1
D du d	1	Scott		W.	Miller		Margaret			Mui	r
dico dico		WAS DECEASED EVER		MED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT (Daug	hter) ADDRE	SS		
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n. n. os been signed by permit. Then pleas ne prior to buriel. ses ony injury, or or	CERTIFICATION	gove rise to im couse (o), stoth underlying couse PART 2 OTHER SIG	NIFICANT (	CONDITIONS CONDITIONS	4	DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES	, WERE FINDIN	IGS USED OF DEATH
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TTEN Purol TOR for u		sow the deceo	sed olive on		votter death	87:0	nd that in (my) (our) opinion	death occurred on the do	te and hou	ond from the	couses stot
ALOR A the hos ALDIREC etoched te Dept.		226 SIGNATURE	F	ten	4		DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAF		22c DATE	SIGNED . 18t
TO HOSPITAL TO FUNERAL Should be deto with the Store		224 PHYSICIAN'S N		Wowl			220 ADDRESS	Agnes Hospi			
0 € 5 € 3 ₹ <del>1</del>		BURIAL, CREMATION	, REMOVAL	236. DATE	23c	NAME OF (	EMETERY OR CREMATORY	23d LOCATION			
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DHMH - 16 50M 1/81	24 F	JNERAL DIRECTOR	40	1/10	ADDRESS			TE REC'D. BY REGISTRAR	256. REGIST	RAR'S SIGNAT	
(VRA 15, 4)	S:	ingleton	unera.	1 Home	Glen Bur	nie.	Maryland OC	T 06 1987	Felia Da	Widow-M	Holes

684	49	OCT 14	87_	FOR STATE REGISTRAR			CERTIFICATE	AND MENTAL HY	REG	2 8 -	, U	, ,
001				CEASED NAME FIRST	MI	DDIE	ante		20 DATE OF DEAT		87	26 HOUR
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	4	director.	3.00	Male	\ \ \ /.	ite	12-1	4-1912	74	YRS.	THS DAYS	HOURS MIN.
	eath. Page	n 72 hou	7a. B	RTHPLACE (STATE OR FOREIGN  OShington DC	Th CITIZEN OF W		MARRIED NI	EVER MARRIED TO	Ba H	Y OR COUNTY OF	DEATH	MD.
-	10	by the fu	10 C	Baltion		OSPITAL, NURSING FACILITY, GIVE STREET ADD TO NES		r Institution	12a USUAL OCCUP	ATION OST OF WORKING LIFE) I F empl	126 CHOO INDUSTRY	r Industry
MARYLAND 21201	A hours	filled in Bold be fr	0.0	AL RESIDENCE (IF NURSING HOME OF		IVE RESIDENCE BEFORE AD		SIDE CITY LIMITS?	13e. STREET ADDRE	SS	2081	4)
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	ecute	d comp		VAS DECEASED EVER IN U.S. AR	MED FORCES?	66 SOCIAL SECURIT		ORMANT	AD	Bethese	ta Ma	man.
BALTIMORE,	e e	Poges	-	YES, NO OR UNKNOWN) (IF YES, GI	/E WAR OR DATES)	579-28-93	596 Rose	Canter:	Wiko: 4924	Sontinol	Drive	· #202
W. PRESTON ST., BA	death certificate	he ottending physici emove carbon paper motion, or removol. r froumotic events th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which	TE CAUSE (o)	me for (a), (b), and (c)  Met.  AS A CONSEQUENCE	a cof	the 6	laddes		BETWEEN	MATE INTERVAL ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201	he low re	hos been	CERTIFICATION	19a. DATE OF OPERATION	196. CONDIT	ION FOR WHICH OF	PERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [	IG CAUSES	
OF VIT.	CIAN: 1	riol-tronsit entol Hygie trem 18 sign		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M	. MONTH DAY	YEAR	OW INJURY OCCU	RRED (ENTER NATURE OF	INJURY IN ITEM 18 PART	1 OR PART 2)	
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	AL OR A	etoched ite Dept.		226 SIGNATURE	10	10 /	DEGREE	ATTENDING PHYSICIAN		STAFF YSICIAN ID	22c. DATE	SIGNED / 87
	O HOSPIT	should be detach with the State De IMPORTANT: If h		224. PHYSICIAN'S NAME (TYPE O		RO	270-0	DORESS (	ATTON	AVE		101
	of of of	5 4 ₹ ₹	23a I	SURIAL, CREMATION, REMOVAL			ME OF CEMETER	Y OR CREMATORY	234 LOCATION			
	BP.		B	urial	10/13/8	7 Kin	g David	Memorial	Gan. : Fall		Fairh	ax: Va.
		16 50M 1/81 RA 15, 4)	24 FI	INERAL DIRECTOR DANZAN 70 Rockville Pa	ISKY-GOLD ke:Rocku	BERG MEMO	RIAL CHA	APELS 250 D	T 13 1987		R'S SIGNAT	URE

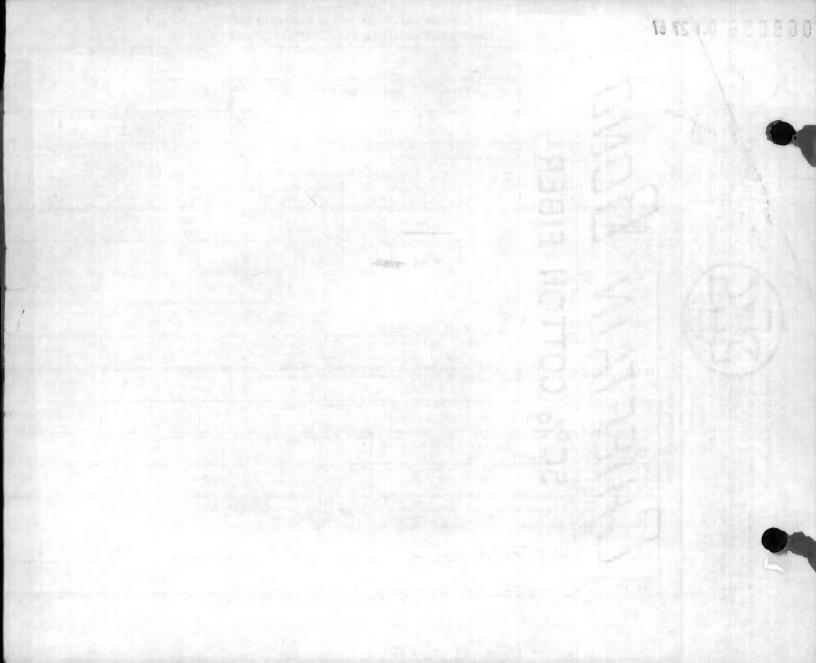
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	1.	FOR STATE REGISTRAR	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		2850
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aoy a	3. SE	×	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	
4 40		MALE	$\omega_{ ext{hite}}$	MONTH DAY Y	104 83 83	VRS.
Pog 41 //		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	JTRY? 8.	- 9 BALTIMORE CITY	OR COUNTY OF DEATH
op 14 16		PICNINSTRUANTA	USA	MARRIED WEVER MARR	- 1 T.	BANTO. MD.
0 11 1		TY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTI	ON 12a USUAL OCCUPAT	TION 12b. KIND OF BUSINESS OR INDUSTRY
5 J 5 5 40	1	City Balto	South Bal	T. /	OSO SELF-EMP	
hours hours	USU. 3a. S	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		APT. 2-A
NN 22 # 20		AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	4670. Cit.	BALTO, YES O NO	5 111311 A	mapolic Rd. /21227
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AM be de ////	V	Benjamin	(a	plan Rac	har	UnKNOWN
ORE,		VAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	MR. ALLAN JODE	
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20 1			(c) Meta	static trosta		
	z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR COM	ADITION GIVEN IN PART 110
RECORDS,	CERTIFICATION	19a. DATE OF OPERATION	19h CONDITION FOR W	VHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
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OF THE STATE OF		OR CONTRIBUTING CAUSE OF		H DAY YEAR		
NO STATE OF THE PARTY OF THE PA	MEDICAL	21d, INJURY OCCURRED	21e. PLACE OF INJURY	19 ZII LOCATION		
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OR ATT		22b. SIGNATURE	nat) view the bady after death.	DEGREE		22c. DATE SIGNED
7 = 7 + 0 -		Cherch	tufing,	ATTEN PHYS		AFF 10/13/87
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		CHENGY	WAI - FLING	South	Ballimore 5	reneral Hospital
5 5 6 4 ¥ ¥		BURIAL, CREMATION, REMOV		23c NAME OF CEMETERY OR CREM	ATORY 23d LOCATION	
BP		BURIAL	OCT.14,1987	BETH TFILOH	BALTIM	ORE MARYLAND STATE
DHMH - 16 60M 7/84	24 FI	UNERAL DIRECTOR SOL	LEVINSON & BRO	OS., INC.	DOT 4 F	R 256. REGISTRAR'S SIGNATURE
(VRA 15, 4)	60	010 REISTERSTO	WN RD. BALTO	.,MD 21215	00115 1987	Julia Dividen D. Las

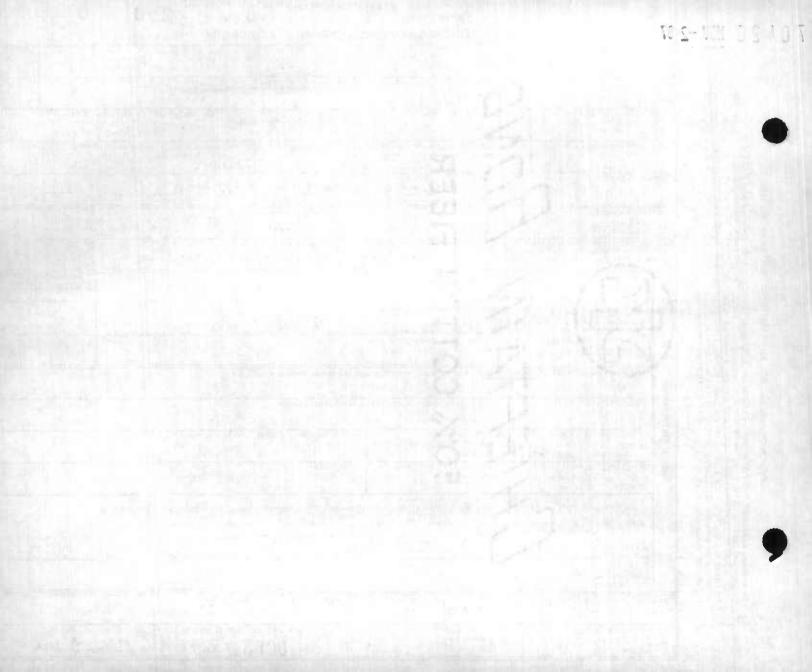


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) ROSE OCTOBER 4, 1987 3:30 Capone 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF LINDER 24 MRS MONTH 10 Female White 1946 Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN MARRIED MEVER MARRIED BALTIMORE CITY New WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 170 USUAL OCCUPATION 176 KIND OF BUSINESS OR CTYPE OF WORK FOR MOST OF WORKING LIFE THE JOHNS HOPKINS HOSPITAL INDUSTRY BALTIMORE Waitress Hote USUAL RE-130 STATE YORK USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Saratoga Springs X Saratoga 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? 300 Grand Ave FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Robert Hudson Viola Benson WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** New York IYES, NO OR UNKNOWN Nicholas Capone 300Grand Ave. SaratogaSpri 18 CAUSE OF DEATH (Enter only one couse per line for to), fb', and ic PART I DEATH WAS CAUSED BY 3 minus IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC ) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from, sow the deceased alive on\_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN WOLFE ST. BALTO., 22d PHYSICIAN'S NAME (TYPE OR PRINT) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION (SPECIFY) Buria 7 10-10-87 St. Peter's Cemetery Saratoga Springs, Saratoga 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Maržullo Funeral Service 06 1987 Artis Transport Parlas Upperco, MD. (VRA 15, 4)

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beer mit.	hou	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINE	DINGS USED
ne lo	shows	F					YES [] NO[]	IN CERTIFYING CAUSE	NO [
DIAN: The physicio physicio reficote bi-tronsit tol Hygie	80 S. Pro	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU		
	1	_	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR				
PHYSIC ending this cert is buriol	P P	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION		COLUMN	
G PHYSIC offending ter this cer s the burio		X	WHILE NOT WHILE O	(AT HOME STREET, EACTORY, OF	FICE, EARM, ETC.)	STREET	CITY OR TO	OWN COUNTY	STATE
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ATTEN ospitol ECTOR d for us	21 is		sow the deceased alive on a obove, (I) (we) (did) (did not			nd that in (my) (our) opinion	n death accurred on the de	ote and hour and from the	
R ATTEN hospitol RECTOR red for upt. of H	E		27b. SIGNATURE	view the body ofter deoth.		DEGREE		27c. DA	TE SIGNED
the hit DIRI	190		Whated H	RiVabi		ATTENDING PHYSICIAN	MEDICAL STA		110107
by by JERA Stot	NA /		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		220 ADDRESS	DIRECTOR D PHYSIC	TANLA	110187
TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIREC: should be detoched if with the Stote Dept. or	IMPORTANT:		Khaled	RilLahe	11.55	900	CATON Ave,	SAH	
O par O par y	3 7	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	EMETERY OR CREMATORY	23d. LOCATION		STATE
BP		Ţ.,	BURIAL	10-21-87	Good S	hepherd	Ellicott Cit	ty Howard	/ - /
DHMH - 16 50M 1/	/81	24 FI	JNERAL DIRECTOR				ATE REC'D. BY REGISTRAR	156 PEGISTRAR'S SIGN.	ATURE
(VRA 15, 4)		5	LACK FUNERAL	HOME	58/10	LA CT. MI	61241981	Julia Desideos	n. Kandass

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIEN MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN MONTH LITYPE OR PRINTS ESTI-CARTER JAMES DEATH MATED X 14,0 87 10 4 RACE 5. DATE OF BIRTH & AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED black 4 1930 1410 87 male 57 DEAD Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) II S Md Baltimore City DIVORCED X WIDOWED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 28 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Disabled Baltimore 1701 Eutaw Place 21217 | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | 1701 Eutaw Place Apt 1011 Un STATE 136 COUNTY 13c CITY OR TOWN Md Baltimore 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jordan Hamilton. Mary M. Thomas 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 213-28-0517 3312 Spaulding Avenue Isabelle Hamilton No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY Hypertensive arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Chronic renal failure 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO K 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY LATHOME 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET NOT WHILE CITY OF TOWN COUNTY STARE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autopy Natural causes Undetermined manner Homicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 10-14-87 SIGNATURE Mario F. Colle, Jr., EXAMINER'S NAME 111 Penn St., Balto., MD 21201 TYPE OR PRINT 0 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Md 10/19/87 New Cathedral Cemetery Baltimore Burial 07/84 25M 24. FUNERAL DIRECTOR DATE REC'D BY REGISTRAR TO REGISTRAL THE RESIDENCE OF THE PERSON OF THE DHMH - 17 (VR A15 ME (5)) March F/H West 4300 Wabash Avenue



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PRESTON ST.,	ER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HON ATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM I: ORWARDED TO THE CHIEF WEDICAL EXAMINER ALONG PR. PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMITESTATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, UD., 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		00	IMMEDIAT	E CAUSE (a) SINO				then	mal 1	njur	les					
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67813 OCT-	FOR STATE REGISTRAR			DEPARTM	ENT OF HE	CATE OF DEATH	GIENTE /	REG. NO	)	
nay be page 3	I DECEASED NAME (TYPE OR PRINT)	GEORGE	77 /	ARDY CA	SSELS	SMITH	20 DATE OF	OBER 1, 19	DAY YEAR	10:15 M
2 months by	3 SEX Male		4 RACE White		S DATE OF	16,1932 YEAR	6. AGE (IN	EARS LAST BIRTHDAY)  55  YRS	MONTHS DAYS	HOURS MIN.
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AND 21	ISUAL RESIDENCE ( 13a. STATE  Md.	Ball	ATA	13c. CITY OR TOWN Upperco	1	13d INSIDE CITY LIMITS? YES NO 🛣	4440	ADDRESS / ZIP COD Mt. Zion	Rd. 2115	55
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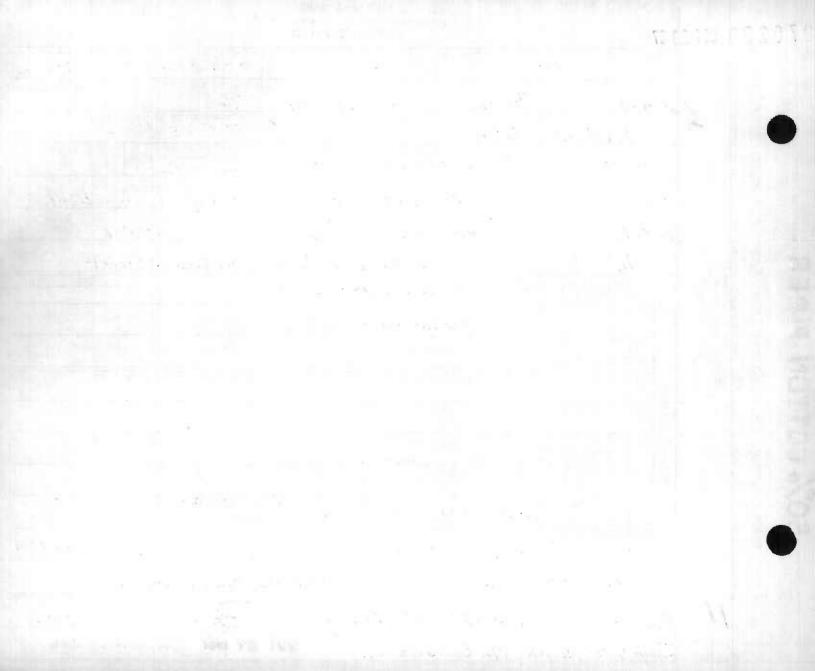
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(VRA 15, 4)

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and with	Willi		MIDDLE Chamb	ers	Maky	MIDDLE	ard Ner	AST
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G Phers otherding the this of the this deed or the	WHILE	JURY OCCURRED  NOT WHILE  AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY)		211 LOCATION STREET	CITY OF TOWN	COUNTY	STA
ATTENDS oupling or ectors at all their trees at their trees or 21 is mo	220.1 c	ertify that AAthis hosp w the deceased alive or love, 11 (we) (did) (did 16	ottol) ottended the deceosed October 25, on view the body after death.	from Octob 1987_, o	er 19, 19 87	to October death occurred on the date		
ffat, OR Py the 50 Rai, Dist detache hote Dep	220 51	GNATURE	man?	CM.	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1 10	186/
O HOSPIT Transed to O FUNE Pould be wedstan		IYSICIAN'S NAME (TYPE ( enri Nammou	r, M.D.		c/o Maryla	nd General Ho	spital	
BP	23a BURIAL, (SPECIFY)	CREMATION, REMOVAL	10-29-87		CEMETERY OR CREMATORY	Balto	COUNTY	MI
DHMH - 16 60M 7/84 (VRA 15, 4)	JAME	ME DALLE	al initario	DRESS S	7 1250 DA	TE REC D. BY REGISTRAR 756	REGISTRAR'S SIGN	AL.



## STATE OF MARYLAND

7	FOR STATE TREGISTRAR	D	CERTIFICAT	H AND MENTAL HY TE OF DEATH	REG. NO.		4
	1. DECEASED NAME FIRST (TYPE OR PRINT)	UR JAMES	CHANE	-57	26. DATE OF DEATH MONTH	17 87	TA N
	3. SEX MALE	4. RACE WHITE	5 DATE OF BIR		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR MONTHS DAYS YRS	HOURS MIN.
1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYT AND	76 CITIZEN OF WHAT COL	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY OR CO		MD
1	BALTI MORE	A (IF NOT IN SUCH FACILITY, GI	NURSING HOME OR OTHER STREET ADDRESS! GEN.	HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  MERCHANT MART)	(ING LIFE) INDUSTRY	OF BUSINESS OR DUNDALK MARINE
The sale	USUAL RESIDENCE (# NURSING HOME () 136. STATE 136 COL	INTY 13c CITY O		INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP	CUDE	ERMINAL 21230
	14 FATHER'S NAME FIRST John	Ch	aney	AOTHER'S MAIDEN N	Mae Mae	LAS	Sasaway
		SIVE WAR OR DATES	and the second	NFORMANT elen Sleig	hter 604 Edward	d Rd. 214	101
						APPROX	MAATE INTERVAL

18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line for (o), (b), and (c).) D BY: E CAUSE (a) METASTATI	e CARCINOMA of	COLON	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)			

		CARYNOMA			IN CERTIFYING CAUSES OF DEATH?  YES NO NO
-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR	O (ENTER NATURE OF INJUR	Y IN ITEM TB. PART 1 OR PART ?)

216 INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from

saw the deceased alive on above (1) (we) (did) (did) not) v	new the body offer death.	, and that in (my) (our) opini	on death occurred on the date o	and hour and from the couses state
226 SIGNATURE	1 Ve.	DEGREE		22c. DATE SIGNED

MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Crownsville Vet Burial 24 FUNERAL DIRECTOR 10/20/87

23d. LOCATION

STATE

21229 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave

TO FUNERAL DIRECTOR:

DHMH - 16 60M 7/84

MPORTANT.

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ATE OF OPERATION	196. CONDI	ITION FOR WHICH OPERAT	ION WAS PERFORMED?		20 AUTOPSY?
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ORK AT WORK					
EC PIN LV	CAUSE OF DEATH (Enter only ART I DEATH WAS CAUSED IMMEDIAT  Conditions, if ony, which gave rise to immediate couse (a) stating the undertying couse lost.  2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OR ITRIBUTING CAUSE OF DIVING CAUSE OF DIVING OCCURRED  LE NOT WHILE OVER AT WORK	ECEASED EVER IN U.S. ARMED FORCES? OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  AUSE OF DEATH (Enter only one couse per line art I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  OTHER SIGNIFICANT CONTRIBUTING TO DEATH  OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH  OTHER SIGNIFICANT CONTRIBUTIONS C	ECEASED EVER IN U.S. ARMED FORCES?  OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  ART I DEATH (Enter only one couse per line for (a), (b), and (c).)  ART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Probable Cardiac  Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last.  2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CAUSE WAS ERLYING OR AS A CONSEQUENCE OF LIB. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.  2 IN TIME OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)	ECEASED EVER IN U.S. ARMED FORCES? OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  ANGELA KI  AUSE OF DEATH (Enter only one couse per line for (g), (b), ond (c).)  ART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause (a) stating the underlying couse lost.  COTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN I  DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  EXTERNAL CAUSE WAS ERLYING OR  OR AS A CONSEQUENCE OF  (c)  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR ERLYING OR ITRIBUTING CAUSE OF DEATH NJURY OCCURRED  LE NOT WHILE  STREET, FACTORY, FARM, ETC.)  EXTERNAL WORK  19  21c. LOCATION STREET	ECEASED EVER IN U.S. ARMED FORCES?  OB UNKNOWN)  (IF YES, GIVE WAR OR DATES)  215-74-5268  Angela Kincaid 2143 Camb  ART I DEATH (Enter only one couse per line for (a), (b), ond (c).)  ART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Probable Cardiac Arrhythmia  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a) stating the under- lying cause lost.  2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  EXTERNAL CAUSE WAS  ERLYING OR  STREET OR ON THILE OF INJURY  HOUR A.M. MONTH DAY YEAR  P.M.  19  21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM TSP)  STREET, FACTORY, FARM, ETC.)  21b. TIME OF INJURY (AT HOME.)  STREET CITY OR TOWN

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	

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HOSPITAL ned by the FUNERAL Ido be deto	TANT		224 PHYSICIAN'S NAME TIPPE	OR PRINT)	e _5	>	ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC		10/2	10 (87
TO HOSPI retained to TO FUNE should be	APOR		George Lowe	, M.D.			3703 Bela	ir Road Ba	Ltimore,	MD.	
BP	<u> </u>	23a. l	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	10-23		Holy R	emetery or crematory osary	23d LOCATION CITY OR TOWN Dundalk	Balti	imore	STATE MD.
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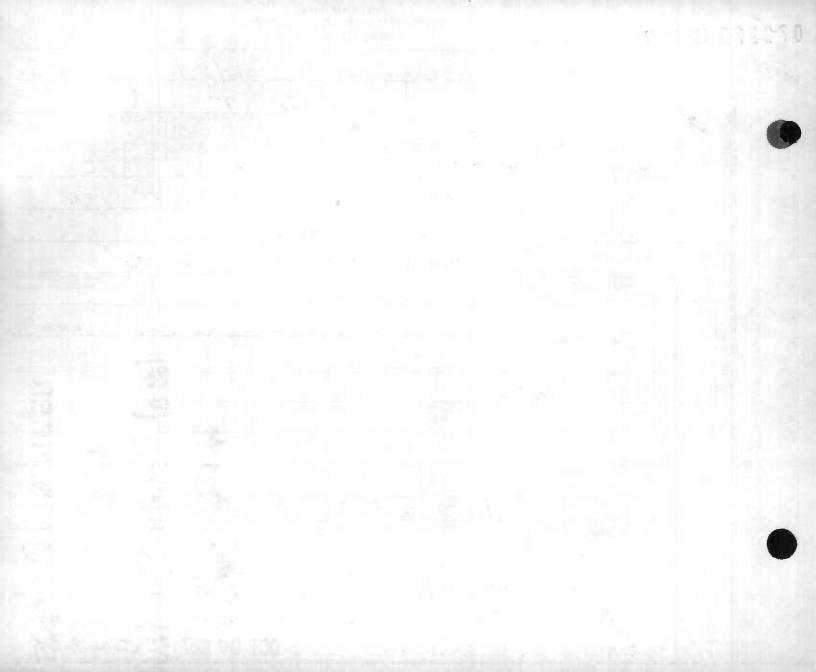
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dico ges		YES, NO OR UNKNOWN)		WAR OR DATES									
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33 913 = 1		OR CONTRIBUTING	the same of	110110	OF INJURY	H DAY Y	AR ZIG HOW	INJURY OCCU	RRED (ENTER NATU	E OF INJURY IN IT	EM 18 PART	OR PART 2)	
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E & 52 5 6		saw the decease above, (1) (we) (c	lid) (did not	) view the bod	y after death.	17-2-1	. and that in (m)	y) (our) apiniar	n death accurred a	in the dote on	d hour on	d from the c	couses stated
大名 岩景至 是		226. SIGNATURE	1	1			DEGREE					224 DATES	SIGNED
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er asset	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE			OF CEMETERY OF		Caty OR			OUNTY	STAR .
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1 1 404 10	Phe	REGISTRAR EASED NAME FIRST	WIDDLE	LAST		REG. NO.  2a. DATE OF DEATH MONTH	DAY YEAR 2h HOL
may be	"(three	Childs R	Balan Girl			10-31-87	4
4 moy	3. SE	7	4 RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER
9 D 10		Female	Black	16 3	87	YRS	
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6 6 7		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	JRSING HOME OR OTHER I	NSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSIN
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STATE OF MARYLAND 0 6 9 7 0 2 OCT 26 87. STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2b. HOUR 1. DECEASED NAME LTYPE OR PRINTS Charles Clark October 22 1987 5:30 A M 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE IF UNDER I YEAR 3 SEX APRIL 23 1912 YEAR WHITE MATE BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore, City MD. U.S.A. WIDOWED 120 USUAL OCCUPATION I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Maryland General Hospital WOOD PATTERN MAKER MARTIN CO GIVE RESIDENCE BEFORE ADMISSION 13n STATE 136 COUNTY 13c CITY OR TOWN 3441 CLIFTMONT AVE. 21213 BATITIMORE YES K MD. NO [ 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST MIDDLE FLORENCE PATTERSON CHARLES CLARK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17 INFORMANT 213-14-0871 DAISY CLARK (WIFE) SAME ADDRESS APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Cardiac arrest IMMEDIATE CAUSE (a). DUF TO, OR AS A CONSEQUENCE OF Acute Renal failure Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Metastatic adenocarcinoma of the colon PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Sepsis 90 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED Oct. 2,&9, 1987 Sept. 23, 1987 IN CERTIFYING CAUSES OF DEATH? Peritoneal abscess Perforated carcinoma of the cecumYES YES [ NO [ 210. ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC ) WHILE D NOT WHILE D 22a | certify that ( (this hospital) attended the deceased from. September 21 19 Uctober October and that in (mX (our) apinion death occurred on the date and hour and from the causes stated by the deceased alive on Uctober 22 DEGREE 224 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b Stephen L. Huhn, M.D. Maryland General Hospital 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE BURIAL 10/26/87 WESTERN CEMETERY BALTIMORE MD. 250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 3331 Brehms Lane DHMH - 16 50M 4/82 Many Doundon - 1 SCHIMUNEK FUNERAL HOME (VRA 15, 4) Balto. Md. 21213

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 8 Harvey 3. SEX 5. DATE OF BIRTH & AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS MONTH MONTHS DAYS YEAR Male White Jan. 14. 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIEN NEVER MARRIED COUNTRY Maryland Baltimore City USA O CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Baltimore INDUSTRY DIST (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) L. Deaton Med. Center Ret.Fire Marshall.Calvert John USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21230 3a STATE LISE COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Marylan Baltimore YES K NO E.Fort Ave. Balto. Md. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Harvey Clark Minnie Bridner 66 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Catherine O. Clark, Same as above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ich. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Bled a Suigery Conditions, if any, which gave rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lig CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [ NO YES T NO [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION à (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE orked NOT WHILE 220.1 certify that (1). (this haspital) attended the deceased from saw the deceased alive on. and that in (mg) (aur) apinion deoth accurred an the date and hour and I am the causes stated obove, Hu(we) (did) (did not view the body after death 72h SIGNATURE DEGREE ATTENDING MEDICAL should be deto DIRECTOR | PHYSICIAN PHYSICIAN MPORTANT 22e ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) STATE Burial Balto . Mary land Loudon Park Cemt Balto .Md .2123( BY REGISTRAR 25% REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 McCdTly Funeral Home, 130 E. Fort (VRA 15, 4)

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Page 4 mi	3. SE	Male	A. RACE White	5. DATE OF BIRTH MONTH DAY 7 - 31 - 29	6. AGE   IN YEARS LAST BIRTHDAY)  5 8   9. BALTIMORE CITY OR COL	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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BALTIMORE, cote be execut ysicion and co		WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SEG	CURITY NO. 17. INFORMANT O	loul ADDRESS	See
201 W. PRESTON ST., es that the death certific med by the ottending phy please remove carbon pa urial, cremation, or remo v, or other troumatic even	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DBY, E CAUSE (0)  DUE TO, OR AS A CONSEC  (b)  DUE TO, OR AS A CONSEC  (c)	DENCE OF	MINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  NOTICE OF THE PROXIMATE OF T
AL RECORDS, fine law requir fion. to hos been sign in permit. Then grene prior to b	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 206. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO N
OF VIT	ICAL CER	2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITE)	N 18 PART 1 OR PART 21
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TO HOSPITAL OR ATTENDING retoined by the hospital or afficient Should be detached for use os it with the State Dept. of Heading IMPORTANT: If hem 21 it cares	7	22a.1 certify that (I) (This hospit saw the deceased alive on above. III was chief (did not 17th SIONATURE)	view the body after death.	DEGREE ATTENDING PHYSICIAN 220 ADDRESS.	MEDICAL STAFF  DIRECTOR PHYSICIAN	19, that (h (we) lost hour and from the couses stated  122c, DATE SIGNED 114187  The General H
BP		BURIAL, CREMATION, REMOVAL SPECIFIC TEMPOTION	236 DATE 236	Westview Crematory	23d LOCATION O YOUTOWN	Routh Mid
DHMH - 16 60M 7/E (VRA 15, 4)	24 F	UNERAL DIRECTOR Hardesty Fune	ral Home ADDRESS		TE REC'D. BY REGISTRAR 255 RE	GISTRAR'S SIGNATURE

070	1. O 1. NO	1	FOR 21	,21a,21	G, 634	1,21e, ST.		ARYLAND AND MENTAL		20	5° Z	4	
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	NECESSARY, PIEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. TWININ 72 HOURS W PRESTON STREET,	70. B	RTHPLACE (STATE O		2 16	1955 32 HAT COUNTRY?	8. MARRI	ED NEVER MAR	RIED 7. BA	TIMORE CITY O	R COUNTY		M q]
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OR AD	HIND WALL	0	ATHER'S NAME Willie VAS DECEASED EV	ED INITE ADA	MIDGLE A.	Clast Clary	NITY NO	Paulin		MIDDLE		RYOR	
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RECORDS, 201 W. PRE-2704	E EXECUTED WITHIN 2A DING" IN PRINCIL IN THE DICAL EXAMINER ALCO A BURBAL TRANSIT PE H AND MENTAL HYGIN OR REMOVA	z	gave rise cause (a) stat lying cause to	f any, which to immediate ting the <u>under-</u> ast.	(b)	AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE TE	E OF	E OR CONDITION GIVEN IN	PART 1-101.				
VITAL	E SHOULD BY CORD "FENI E CHIEF ME BE USED AS NITCH HEAL	CERTIFICATION	190 DATE OF OP		196. CONDI	TION FOR WHICH OP						20 AUTOPS	
DIVISION OF	HS CERTFICATE S WRITING THE WARPED TO THE ( AGE 3 SHOULD RE ATE DEPARTMENT (20) PRICE TO BE	MEDICALCE		OR CAUSE OF DURRED	HOUR A.M DEATH P.M 21e PLACE ( STREET, FAC	MONTH DAY YE	7 211. LO	ow injury occur anknown cation street unknown		OR TOWN	COUN	10	STATE
•	TO MEDICAL EXAMINEE. IN EXECUTE HE CERTIFICATE, PACE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR, BY AFTER DEATH WITH THE ST. BALTMORE, MARYLAND.		220. I certify the death resulted for ACTUAL SIGNATURE		ge of the remains des	Accident [2],	Autop Suicide M	Hamicide TITLE (SPECIFY) Assistan	Undetermine	d manner X,	DATE SIGNED		/87
7	A ATTIMO	1	EXAMINER'S NA (TYPE OR PRINT)	Md.		lle, Jr, M		AD DIKESS	l Penn S		Balt	o.MD.	
07/84 25M	BP 856	(	Burial Burial		10/30/87	Mt Cal		Cemeter	y Ann	a Arunda	COUNT COUNT		Md
2.00	DHMH - 17 (VR A1S ME (5))	1000	UNERAL DIRECTOR		West 4300	D Wabash A	venue	OCT	30 1987	STRAR ALLREG	₩₩₩₩₩₩	SINATURE	

Parksley Cemetery

DHMH 16 50M 7/84 (VRA 15, 4) Parksley, Va.

736 DATE

730 BUNIAL CREMATION, REMOVAL

250 OCT 3 0 1987

Accomack

Va.

23d LOCATION

Parkslev

				STATE OF MARTLAND	2 7 6	0 0 0
3 8 OCT 18	1	FOR Item #6	Film G 632 DEPARTA	IENT OF HEALTH AND MENT	TAL HYGIENE	. 0 0 4 7
0	1	DECUSTRAD -		CERTIFICATE OF DEAT	TH are No	
	1. DE		MIDDLE	C LAST		NTH DAY YEAR 26 HOUR
v 27.6		EGRPRINTS A	40	class 2 L	IN DAIL OF DEATH	- A-4
- 11			ue	Clement	-10	2 -3 87 6:45pm
0 1	3 SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	
7 25		Female	Black	MONTH DAY Y	PAR OF	MONTHS DAYS HOURS MIN.
	70.0			04 22		YRS
# 30 P		COUNTRY)	The CHIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	IED SALTIMORE CITY OR C	OUNTY OF DEATH
1 15 20		North Carolin	a USA	WIDOWED A DIVORC	Baltimore	City MD.
1 1 /2 2	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTI		12b. KIND OF BUSINESS OR
5 ES COT	l E	Baltimore Cit	Deaton Hospi	tal & Madic		ORKING LIFE) INDUSTRY
1 12 1	Berlinson.				ar deliter	
7 75 -5 6	130	STATE 136 COUN			MITS? 13e.STREET ADDRESS / ZI	P CODE A A
0 1	M	Maryland -	Baltimo	TE YES NO		Saratoga Street
4 43 4	14. F.					Jara Joga Jerese
1 1901				FIRST		LAST
-	140 1			7111110		Taylor
1 25 4/	100		VE, WAR OR DATEST		ADDRESS	
1		NO N,	/A   213 30	7394A GERA	ALDINE PENDLET	ON 1833 PACIFIC
1 A 1 A 1		18 CAUSE OF DEATH (Enter on	ly one cause per line lar (a) (b) and	1011		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 2011		PART I. DEATH WAS CAUSE	D BY	nn 1200-	A CORCINAMA.	BETWEEN ONSET AND DEATH
No.		IMMEDIAT	TE CAUSE (a)	we would	9 0000	
6 100			DUE TO, OR AS A CONSEQUE	NCE OF		
d on o		Canditians, if any, which	(b)			
1 1111		gave rise to immediate		165.05		
5 455 5		underlying cause last.		NCE OF		
page 8		DARK O CALLED COLUMN				
0 0 0	z		CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 11a
15.5	윤		Degenerally	e arthrile	3. anaemea,	CHF
1 1168	2	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		b IF YES, WERE FINDINGS USED
21 241 0	E					YES NO NO
1111	簽	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21c. HOW IN JURY		
7 6 7 6 6	1983	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	OCCORNED (ENTER NATIONE OF INSIGN IN	TEM ID PART I GREART 2)
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To de to	유				CITY OF TOWN	COUNTY STATE
the state of the s	5	WHILE NOT WHILE	(A) HOME STREET, PACTORY, OFFICE, PA	KW EIC)	. 1 1	STATE
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10000		abave, (1) (we) (did) (did na	it) view the bady after death		apinian death accurred an the date of	and have and from the causes stated
1 H 2 C H		22b. SIGNATURE	alba Alina	14 A K		22c. DATE SIGNED
4 4141		E SUPPLIED YO	aurum		DING MEDICAL STAFF	I 10/6/8/
E # # 2 # 3 T		224 PHYSICIAN'S NAME TYPE O	OR PRINT	22e ADDRESS	CIAN S DIRECTOR FITTSICIAN	
DE THE R	18	Trati	- Proil and	7105	1 Fuence R	8 and Pd Co 2101
		07000	n realth MID	1443	- A Turnace D	MARCH PA GIS-21061
	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMA		
BP			10/9/87 71	PRIMITE MEM		COUNTY STATE
	24 F		1. 10/2/01 A			REGISTIVAR'S SIGNOULIRS
HMH - 16 60M 7/84	T .	DUNGU O WAGE	4600 LIBERTY		AAT 4 E 4007 VIII	HEGIS WAR S SIGN RURS (ALL)
(VRA 15, 4)	L .	ERUI U. DIRTT	4000 LIBERTY	HETGHTS I	nct 1 5 198/ 8/	
	BP	DESCRIPTION OF ATTENDING PROPERTY. The time requires that the details of the theoretic wides 24 bear after the details of the theoretic or controlling or the theoretic or controlling or the time certificate host bear support or controlling the time certificate host bear support or the time certificate host or the time certificate the time certificate host or the time certificate host or the time certificate the time certificate host or the	REGISTRAR 10/15/87  1. DECEASED NAME FIRST  (TYPE OR PRINT)  3 SEX  Female  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) NOTTH CATOLIN 10. CITY OR TOWN OF DEATH BALTIMOTE CIT  BALTIMOTE CIT  WATYLAND  14. FATHER'S NAME FIRST  Lewis  150. WAS DECEASED EVER IN U.S. AF 1945 NOORUNKNOWN)  18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAL EXAMPLE COUSE IN STATE IN MEDICAL EXAMINED COR CONTRIBUTING CAUSE IN STATE OR CONTRIBUTION COR CONTRIBUTION CO	REGISTRAT  10/15/87 PET LETOY OF PRINTING  1. DECEASED NAME  (INFE GRERINI)  1. DECEASED NAME  (INFE GRERINI)  3. SEX  1. RACE  FEMALE  FEMALE  REGISTRAT  10/15/87 PET LETOY OF DIPLET IN MODIL  1. DECEASED NAME  (INFE GRERINI)  3. SEX  1. RACE  Black  FEMALE  REGISTRAT  10/15/87 PET LETOY OF DIPLET  MODIL  IN BLACK  FEMALE  IN BIRTHPLACE (SIATE ORFOREON TO COLUMN OF MALE COUNTRY)  NOTTH CATOLINA  III. NAME OF HOSPITAL NURSIN  (IN NOT SIGNED HAVE NURSING HOME OR CITHER RESIDENCE METORE  III. NAME OF HOSPITAL NURSING  (IN NOT SIGNED HAVE NURSING HOME OR CITHER RESIDENCE METORE  III. NAME OF HOSPITAL NURSING  (IN NOT SIGNED HAVE NURSING HOME OR CITHER RESIDENCE METORE  III. NAME OF HOSPITAL NURSING  (IN NOT SIGNED HAVE NURSING HOME OR CITHER RESIDENCE METORE  III. NAME OF HOSPITAL NURSING  III. CAUSE OF DEATH  MADDIA  DUE TO, OR AS A CONSEQUE  CONDITION FOR WHICH OR  IN MEDIATE CAUSE (II)  III. NAME OF NURSY  DUE TO, OR AS A CONSEQUE  (III. DECEASED HAVE OR PRINTING  III. CAUSE OF OPERATION  III. CAUSE OF DEATH  DUE TO, OR AS A CONSEQUE  (III. DECEASED HAVE OR PRINTING  III. CAUSE OF OPERATION  III. CAUSE OF DEATH  DUE TO, OR AS A CONSEQUE  (III. DUE TO, OR AS A CONS	The management of the part of the mode of the part of	DEFARTMENT OF HEALTH AND MENTAL BYGGEN REGISTER AT 10/15/87 ORD LOTTE OF DEATH AND MENTAL BYGGEN REGISTER AT 10/15/87 ORD LOTTE OF DEATH AND MENTAL BYGGEN REGISTER AND MADE AND LOTTE OF DEATH AND MENTAL BYGGEN REGISTER AND LOTTE OF DEATH AND LOTTE OF DEAT

DEPARTMENT OF HEALTH AND MENTAL HYGTENE FOR 87 REGISTRAR GARFIELD REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH ID OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE BALTO CITY 13e.STREET ADDRESS / ZIP CODE 902 LOCUST WOOD ROAD 21144 LAST HAMRICK ADDRESS CROWNSVILLE CHERYL WILLIAMS SISTER IN LAW MARYLAND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 231 NAME OF CEMETERY OR CREMATORY 30 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL GLEN BURNIE MD. OCT.13,1987 GLEN HAVEN MEM PARK 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 SINGLETON FUNERAL HOME, GLEN BURNIE, MD. (VRA 15, 4)

STATE OF MARYLAND

8376	OCT 14 87	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG, NO.	8 5 3 1	
e O	e 3	1. DE	CEASED NAME FIRST PRINTS Florence	MIDDLE	0	0/0	20. DATE OF DEATH MONI	40. 44	HOUR
le 4 moy	ctor, page 3	3. SE		RACE Black	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	0 0 1	NDER 24 HRS
eoth. Poge	72 hour	7a. BI		CITIZEN OF WHAT COUN	MARRIEI WIDOWE	NEVER MARRIED	Baltmore City or Co		MD.
101	by the for	TO	raltimore	NAME OF HOSPITAL, N IF NOT INSUCH FACILITY, GIVE		R OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	IXING LIFE) 126. KIND OF BUS	SINESS OR
AND 2120	filled in hould be r must be	13a. S	AL RESIDENCE I H NURSING HOME OR OF	HER INSTITUTION, GIVE RESIDENCE		134 INSIDE CITY LIMITS?		view Aven	3
, MARYL	orhplerely Long 2 s		Joseph 1.	Ba Ba	akor	15. MOTHER'S MAIDEN NA	WIDDIE	Mule.	S
BALTIMORE	on and c	(	VAS DECEASED EVER IN U.S. ARME VES. NO OR UNKNOWN IN 118 YES, GIVE W		46-1933	Willram Cole	Baltimore		17
ST., BAL	a physical onpaper emoval.	3	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE		bl, and ich	Perepovarula	Occidents	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
PRESTON he death ce	nove carb nove carb action, ar troumatic		Conditions, if ony, which	DUE TO, OR AS A CONS	SEQUENCE OF	Jackien			
¥ or t	d by the lease rem ial, crema or other to		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	SEQUENCE OF				
RDS, 201	Then plant to burninjury, o	NO	part 2 other significant co	nditions contribution	elysis , h	MOT RELATED TO THE TERM	winal disease or condition	DUNGIVEN IN PART 110 .	2
AL RECORDS, The law requir	nsit permit.	CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IN	. IF YES, WERE FINDINGS OF E CERTIFYING CAUSES OF E YES \( \bigcap \)	USED DEATH?
JOF VIT	s certificate burial-transit Mental Hygie in Item 18 sho		210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN II	TEM 18 PART ( OR PART 2)	
DIVISION OF VIT	os the builth and Mi	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AL WORK AL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY O	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDIE	for use of Health		27a.t certify that (1) (this hospital saw the deceased alive an abave, (1) (we) (did) (did not)	octuber (o	rom Octoba	d that in (my) (aur) apinion	death occurred on the date of	a 19 8 +, that and hour and from the cause	(We) last es stated
AL OR A	AL DIREGERACE OF Dept of Dept of Mem	d	In signarying Qu	7, 18/on	MI	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGN	F7
O HOSPIT	should be deto with the Stote	5	ZALDHYSIQIAN'S NAME (TYPE OR PI	F. SLOAN		West Balton 1701 We		Health Corpor	1d 2/223
BP			URIAL, CREMATION, REMOVAL  BURIAL	236 DATE 10-10-87	230 NAME OF C	RY S	23d LOCATION CITY OF TOWN NEWPORT	CHARLES	MD.
	- 16 50M 1/81 RA 15, 4)		INERALDIRECTOR HORNTON FUNERA	AL HOME	POMON		TE REC'D BY REGISTRA 256 R	REGISTRAR'S SIGNATURE	daes

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 20 DATE KNOWN KT TYPE OR PRINT ESTI-Mildred. Cole Cornelia DEATH MATED 2/19 87 10/ 4. RACE 6. AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR THE LINDER 24 HRS 2c. DATE 4:15 P M PRONOLINCED DEAD Female White Apr. 11 1909 78 2/1987 TIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH A SINTHPLACE TSTATE OF MARRIED NEVER MARRIED FOREIGN COUNTRIS Baltimore City, Maryland WIDOWED . DIVORCED USA 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore 5501 Kev Ave. Retired Cashier Insurance M3 COUNTY 13d INCIDE CITY LIMITS 130 STREET ADDRESS NO V 208 Brackenwood Ct., 21204 Maryland Baltimore Timonium 15 MOTHER'S MAIDEN NAME MIDDLE Hugo Buehner Cornelia George Emma Lenhardt 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO ADDRESS Bette Lou Clark, 208 Brackenwood No 212-16-2496 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, II, CREMATION, OR REMOVAL. Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Alzheimer's Disease 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO NO SHOULD BE 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION EXECUTE THE CERTIFICATE, TRANSPER 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC ) STREET CITY OR TOWN COUNTY WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an and in my apinion Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 10/5/87 DATE MD Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Charles P. Kokes, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Cremation 10/5/87 Westview Crematory Balto. Md. Catonsville 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 356, REGISTRAP'S SIGNATURE **DHMH - 17** Martin D. Lawson, 10 W. Padonia Rd., 21093 (VR A15 ME (5))

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067	5 4 6 001	1.5	97			EPART	STAT MENT OF H		AND MI	. 3	YGIENE	6	2 8	-10	00	
L		T. DE	REGISTRAR CEASED NAME	FIRST	MEL	MIDDLE	EXAMIN	ER'S C	ERTIFIC	CATEO		DATE KI	REG. NO	MONTH	DAY YEAR	26 HOUR
	IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. FE 5 FOR YOUR FILES. LED, WITHIN 72 HOURS I'M PRESTON STREET,	3 SEX	E OR PRINT)	4. RACE	TITAM S DATE OF BIRTH		A . 6 AGE IIN YEA		COLEN	MAN IF UNDER :	24 HRS 20	DEATH A		9-2	7-87 YEAR	M 2d HOUR
	ARY, P L DIREC YOUR N 72 H		ale	Cauc.	11-15-2		58 YR		DAYS	HOURS		DEAD				11:30æ
0	NECESS UNERA 5 FOR WITHI	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mass.			US	NTRY?	MARRI WIDOW		VER MARRIE DIVORCE	EDXX		-	ore City MD			
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21201	AND	USU	AL RESIDENCE	(IF IN NURSING HOME COUN	OR OTHER INSTITUTION, GIV	E RESIDENCE	OR TOWN		13d INSIDE CI	ITY LIMITS?	13e STREE	TADDRESS	S		1224 ghway	
MD.	H-SA-MA	De	ATHER'S NAME Ennis	Colem	an		LAST			R'S MAIDEI	NNAME	rmi čl	DIE C		LAST	
BALTIMORE,	AFTER DE SIVE PAGE 11 PORM AGES 1 POR AGES 1 PORM AGES	lóa. V	ES, NO, OR UNKNO	DEVER IN U.S. ARI	MED FORCES? WAR OR DATES)	13.	CIAL SECURITY		Joh	Mar n Co	lton lema:	h N4	ADDRESS C	1805 nor	3 Blvd	
ST.	TEM 18. G ONG WIT PERMIT. P.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a). Gastrointestinal bleeding  ( DUE TO, OR AS A CONSEQUENCE OF											APPROXIMA	TE INTERVAL ET AND DEATH	
201 W. PRESTON	ULD BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN ITEM 1. FF MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMI HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.		gave ris	ns, if any, which the to immediate stating the <u>under</u> - se last.	(b) <u>Ci</u> DUE TO, OR	rrhos	sis of	live	r							
CORDS	D BE EXECTED BY WEDICAL AS A BUILD CREMATI	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10:													
ITAL R	SHOULD ORD "PEI CHIEF N E USED A T OF HEA URIAL, O	CERTIFICATION	19a DATE OF	OPERATION	198 CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPS			
DIVISION OF VITAL RECORDS,	TO THE WOULD BE ARTIMEN	1 2	UNDERLYING CONTRIBUTION	NG CAUSE OF			DAY YEAR	21c HC	W INJURY	OCCURRED	) (ENTERNA	TURE OF INJUR	Y IN ITEM 18 PA	ART T OR PAR	T 2)	
DIVISI	WRIT WRIT WARDI AAGE :	MEDIC	21d. INJURY O WHILE AT WORK	NOTWEE	21e PLACE C STREET, FACTO			21f LOC	TATION			CITY OR TOWN		cou	NTY	STATE
•	TO MEDICAL EXAMINER; T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE PORN TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2		22a   certil death resulte ACTUAL SIGNATURE_		ral causes X,	ribed abo		Autaps	Hamic TITLE (SI		Undeter	Inquiry E	ner .	DATE SIGNED	0.20	-87
	MEDICA SECUTE SEC	_	EXAMINER'S I	VT)	Margari							Stre	et			
07/84 25AA	BP	Ci	remati		9-30-87	7 Se	ecurit		coces	S		alto				STATE
Mcs	DHMH - 17 (VR A15 ME (5))				ral Home ne, Balt			212		OCT		987	1	Deed A	GNATURE on. Ronda	u,

10	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENT	REG. NO.	8 5	3
20000		CEASED NAME FIRST	M	IDDLE		∱S!	20. DATE OF		TH DAY YEA	P 2b HOUR
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الم الم الم الم	3 SE		4 RACF	1000	5 DATE O			ARS LAST BIRTHDAY	MONTHS DA	
s of	1	Male	White	e		10, 1915	72		YRS	Tra Tiooks Mile
2 11 02	7a B	RTHPLACE   STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY	2 0	NEVER MARRIED		RE CITY OR CO	DUNTY OF DEATH	
1000000	1	Maryland	USA		WIDOW		. Bal	timore	City	MD.
2 11 15	10 C	IY OF TOWN OF DEATH		OSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL C	CCUPATION FOR MOST OF WO	12b. (X)	D OF BUSINESS OR
5 12 15/	16	Baltimore		s Scott				visor		ctin's
Poor Poor	Uau	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION C	136 CITY OR TO		1 13d INSIDE CITY LIMITS?		DDRESS / ZIF		
2 43 30	1		altimore	Edgen		YES NO X			Point Ro	pad 21219
1 177	Jet.	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN N		MIDDLE		
P 11/10	V	Theodore	L.		lier	Anna		M.	На	asse
3 30 37	16p: \	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO	17 INFORMANT		ADDRESS		
	-	No	E WAR OR DATES)	212-03-	4113	Isabelle C	Collier	7000 N	North Poi	nt Road
9 0		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one cause per l	ine far (o), (b), o	nd ic			1		ROXIMATE INTERVAL
equires that the death is signed by the attend. Then please remove as to burial, cremation, injury, or other trauman	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT (	(b) DUE TO, OR (c)	AS A CONSEOU	ENCE OF	NOT RELATED TO THE TER	MINAL DISEASE	ORCONDITIO	DN GIVEN IN PAR	T lia
he low reconstructions been prior ene prior ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTO	IN	LIF YES, WERE FIN CERTIFYING CAU YES	
O PHYSICIAN. The low requirateding physician.  It this certificate has been signified burial-transit permit. The and Mental Hygiene prior to be add or item 8 shows any injury.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M	A. MONTH	DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTERNA	TURE OF INJURY IN T	ITEM IS PART I OR PART	2)
UG PHYS offending ter this c s the bur ond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET, FACTORY, OFFICE.	FARM ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ATTENDIN spirol or CTOR Af d for use of Health		22a.1 certify that (I) (this hasp saw the decrated alive as above; (I)   wr) (did) (did ha			, a	, 19	, to n death accurred	d an the date a	and hour and from	
by the hosp by the hosp ERAL DIREC detoched to Store Dept		Chiff Si	Mates	tell/	MI		MEDICAL DIRECTOR (	STAFF PHYSICIAN		ATE SIGNED
TO SPITAL re. , sed by th TO FUNERAL should be det with the Store		Clifford	S. Mi	tchell		FSK17	C			
	23a I	SURIAL, CREMATION, REMOVAL SPECIFY)			NAME OF C	EMETERY OR CREMATORY		TION	COUNTY	STATE
BP		Burial	10-23	3-87	Oak 1	awn	Ba	ltimore	Marylan	d
DHMH - 16 60M 7/B4	24 F	INERAL DIRECTOR Duda	a-Ruck Fi	meral P	lome of	Dundalk 250 D	ATE REC'D. BY RE	GISTRAR 256	REGISTRAR'S SIGN	D. Jasa
(VRA 15, 4)		792	2 Wise Av	ve. Dunc	lalk, I	D 21222 11	1211	101 Male	in Divides	C

		1	FOR			SEPA PTA		OF MARYLAI	647	SIENE	2 8	3 5	3 3	
06/1	7 7 8 OCT	+7-1	ATE KEGISTRAR					'S CERTIFIC		DEATH	REG. N	10	1	
		I. DE	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE	KNOWN 1		DAY YEAR	26 HOUR
	S.S.S	(11/	E OR PRINT)	Charle	s (	Glenwo	ood Col	lins			MATED (		1- 1987	M
	HOUSE STREET	3 SE	4	RACE	S. DATE OF BIRTH	YEAR 6	AGE (IN YEARS)	IF UNDER 1 YR.	IF UNDER 24			MONTH	DAY YEAR	2d HOUR
	ON S	-	M V	White	Jan 27,		61 YRS.	MONTHS	HOURS M	DEAD		10-1-8		9:56 P M
	FERAL PRAIL	70 B	RTHPLACE (STA	TE OR	76 CITIZEN OF WE	AT COUNT	RY?	AARRIED X NE	VER MARRIED	9 BALTIN	ORE CITY	OR COUNT	Y OF DEATH	
	NA SAN		a.		USA			DOWED 🗆	01.01.00			re Cit	and the same of th	MD.
1/	THE SEE	) 10.0	ITY OR TOWN O		11 NAME OF HOS	CILITY, GIVE STR	EET ADDRESS]		ITION 12	FOR MOST OF WOR	RKING LIFET		OR INDUST	SINESS
	N S S S S S S S S S S S S S S S S S S S	USU	Baltimo:		12 S. C		Street			T.V. Re	pairm	nan		
BALTIMORE, MD. 21201	LEATH IF ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BEFLIED, WITHIN 72 HOURS OF VITAL RECORDS, 2N IW, PRESTON STREET,	13a S	TATE	136. COUNT		13c. CITY C		13d. INSIDE O		12 S. Cl		r Stro	et 212	31
60.2	AL SH		ATHER'S NAME					15 MOTH	ER'S MAIDEN N	VAME		Lacte		21
E, A	50 250		Richard		MIDDLE	Coli		Rose	FIRST	^	AIDDLE	Ku	iper	
WO	No No	160.		EVER IN U.S. ARM		16b SOCI	AL SECURITY NO				ADDRES		T.	
ALT	NURS AFTER 18. GIVE P. WITH FO. MT. PAGES I. DIVISION O.		10	1 1 1 1 1 1 1		219-1	0-4740	Diana	a Neice	233 S	cotts	Manor	Dr. 21	061
	HOURS M 18. G MG WIT RMIT. P. NE, DIV		18 CAUSE OF	TH WAS CALISED	y ane cause per line			That			F		APPROXIMATE BETWEEN ONSE	INTERVAL
N O	IN 24 HOUR IN ITEM 18. ALONG W SIT PERMIT. HYGIENE, DI		, , , , , , , ,	IMMEDIATI	E CAUSE (a)A			ic card	iovascu	lar dis	ease			
TEST	TIN A AL		Canditions	if any, which	DUE TO, OR	AS A CONS	EQUENCE OF						1	
× ×	WITH AND THE PROPERTY OF REAL PROPERTY O		gave rise	ta immediate	(b)	AS A CONS	EQUENCE OF							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	NE N		lying cause	last.	(c)	A0 A COM	LOCE OF						1532	
DS.	A AND		PART 2 OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATE	D TO THE TERMINAL	DISEASE OR CONDITIO	N GIVEN IN PART 1	10				
9	BE E NOIN	O O			c alcohol									
NL RE	SED AL	7 3	19a DATE OF C	PERATION	196 CONDIT	ION FOR W	HICH OPERATION	N WAS PERFOR	RMED?		1-14	-315	20 AUTOPSY	41.7
ZIV.	S S S S S S S S S S S S S S S S S S S	CERTIFICATION		A						34	- 1		YES X	NO 🗌
0	HE W		216 EXTERNAL	OR		MONTH (	DAY YEAR	It HOW INJURY	OCCURRED (	ENTER NATURE OF IN	JURY IN ITEM 1	B PART 1 OR PART	7 2)	
SIO	SHO TO TO SHO RIPA	MEDICAL	21d INTURY OF	CURRED	21e PLACE C	OF INILIRY	19	LOCATION			-2			
DIVI	S CE RETIN	A	WHILE AT WORK	NOT WHILE		ORY, FARM, ETC		STREET		CITY OR TO	WN	COU	NTY	STATE
	E, WARWA STA'S STA			- /	(1 0 1	11.		Autopsy X.	Г	i				
	AND STANK		22a 1 certify death resulted	/ V/	af the remains desi	Account [	Suicide		Inspection L	Indetermined ma		ind in my api	nion	
	ERTIFE D BI		dedili resolled	1 717	1	Ma	. Soleide		SPECIFY)	Indetermined me	anner	,		
	ALECAL ALECAL		ACTUAL SIGNATURE	Shil	1.0	111				MEDICAL EXAM	AINER	DATE	10-2-8	17
	EDIC 1 A SI 1 A		EXAMINER'S N	AME Ol-	1 D 1/		4.5					L - MP	01001	
	TO MEDICAL EXAMINER: THIS CERTHICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTHICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG VATOR INTERPRETATION TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL: TRANSIT PREMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BAITMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	1	TYPE OR PRINT	Char	les P. Ko			- NEDNESS		n Stree	r,Bal	to.,ML	) 51501	
		(:	SPECIFY)	ON, REMOVAL 23				RY OR CREMATO		3d. LOCATION	- 14.6	COUNT		ATE
07/84 25M	BP		Cremation		10-5-1987	I W€	stview	Memoria		Baltime D. BY REGISTRA		GISTRAR'S SK	Md GNATURE	• (4)
	DHMH - 17 (VR A15 ME (5))	JO	HN M. WI	EBER & SO	ONS INC.	401 S.	CHESTE	R ST.	OCT (	6 1987	1110		- Pondace	3 3
									- UUI	1001	100	E TOTAL TOTAL Y	1	

067981 OCT-	FOR 3187STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 8	3 3 0
y be ge 3	I. DECEASED NAME FIRST (TYPE OR PRINT)	JITH M	COLLINS	20. DATE OF DEATH MONTH D	87 11 8 M
Page 4 may be director, page 3 aours after death	3. SEX Female	4 RACE White	5. DATE OF BIRTH  MONTH  12. 10. 1897		FUNDER TYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
F 22 #	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Delaware	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City  Baltimore City	OF DEATH MD.
offer of the	Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A ST. Agnes Hosp	DDRESS)	12a. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE Cafeteria Superv.	12b. KIND OF BUSINESS OR INDUSTRY Hospital
LAND 21201 in 24 hours of the control of the contro	USUAL RESIDENCE   IF NURSING HOME 130. STATE 136. CC	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 134. INSIDE CITY LIMITS?	13e SIREET ADDRESS 2106 Ramsey Str.	21223 Baltimore, Md.
E, MARYLAI oted within completely f and 2 sho	14 FATHER'S NAME FIRST Harry	MODIE LAST Carr	15. MOTHER'S MAIDEN N	AME	Miller
, BALTIMORE, M. Scale be executed scale by sicion ord compopers. Pages I or covol.	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)   JIF YES,	ARMED FORCES? 166. SOCIAL SECUR GIVE WAR OR DATES) 214-12-12		Burch, 2106 Ramsey	St. Baltimore, Md
w requires that the death certification signed by the attending print then please remove carbon prior to build, cremation, or remoting, or other traumatic events.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN GIRLS CAUSE	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  TO CONDITIONS CONTRIBUTING TO D  (b)  (c)  (d)  (d)  (e)	Vascular Acci	Vascular disease	WERE FINDINGS USED
VISION OF VITAL RE OF PHYSICIAN: The la orthology physician this certificate has the burial-transit pers and Memal Hygiene g ked or Item 18 shows c	OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM)  214 INJURY OCCURRED	DEATH HOUR A.M. MONTH DA	Y YEAR 19 211 LOCATION	YES NO YES  RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
TO HOSPITAL OR ATTENDING P retained by the hospital or offer. TO FUNERAL DIRECTOR. After it should be detoched for use as the with the State Dept. of Health and IMPORTANT: if them 21 is marked	220-I certify that (I) (this has saw the deceased alive	Cutselic	DEGREE ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAND	10/2/87
	23. BURIAL, CREMATION, REMOVE (SPECIFY) Entombment	AL 236. DATE 23c N	AME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR	Oct.5,1987 Lou 5151 Balto.Natl.Pil	21229 cke, Balto.Md. 0C	ATE REC'D. BY REGISTRAR 256. REGISTE	and 21229  AR'S SIGNATURE

MARK AS CO., TOO

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DEPEASED NAME LAST 20 DATE OF DEATH MONTH William H. Collins 31 1987 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER 1 YEAR IF UNDER 24 HRS. MONTH ONTHS DAYS YEAR Male White Mav To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED .Virginia Baltimore City WIDOWED DIVORCED TO IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore St. Balto . Md . Steel Tin Packer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 21230 13a. STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Baltimore Light St. Balto. Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Cleo larence Garten 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr.Roger D.Collins.3312 Bero Rd. Ba 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost e d PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 IFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD YES [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) H 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21a PLACE OF INJURY ed or CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on. and that in (my) (aux) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 228 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Trehz 230 BURIAL, CREMATION, REMOVAL 23h DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) ITY OR TOWN Buria STATE Crestlawn Mem. Gard Howard Co.Md. 24 FUNERAL DIRECTOR Home, 130 PE DHMH - 16 60M 7/84 E. Fort (VRA 15, 4) Funeral

176 OCT 2	า เ	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL H	YGIENE (	REG. NO		A
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tor page 3 ofter death	(1YPE	OR PRINT) WILL	IAM 1	HENRY	COL	LINS, SR.		10	14 87	10:20Am
yom er de	3 SE		4 RACE		5 DATE C	OF BIRTH	& AGE INYE	ARS LAST BIRTHDAY)	MONTHS DAYS	
ctor s off		Male	Whi	te	MONTH 3	7 1898	89	YR		HOURS MIN.
Pog hour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	(2 8		9 BALTIMOI	RE CITY OR COU		
oth.		Maryland	U.S.	Δ	WIDOWE	D NEVER MARRIED !		timore c	rity	MD.
within 7		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	120 USUAL C	CCUPATION	12h KIND (	OF BLISINESS OR
by the		Baltimore	1515	CHFACILITY, GIVE STRE Ramsay S	treet			for most of workin Fitter	Railr	B & O oad
E 9 0	USU/ 13a S	AL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFO	ORE ADMISSION)	13d. INSIDE CITY LIMITS	113e STREET A	DDRESS / ZIP CO	ODE	
ould ould	Ma	aryland		Baltim		YES X NO		Ramsay S		1223
2 sh	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN		MIDDLE		ST
2000		John	Wesley		llins	Clara		MIDDLE		ner
1		AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SE		17 INFORMANT		ADDRESS	001	4101
验 單人	- 0	NO OR UNKNOWN)   I IF YES	GIVE WAR OR DATES)	705-05	-2037	Marlene M.	Collins	1515 Ra	umsay St.	21223
818 E	_			<u> </u>		PROLICIE PI	COLLLIS	1313 10		XIMATE INTERVAL
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00000	8	IMMED	NATE CAUSE (0)	VEXDO	alou	, arest	•			
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by by col.		underlying couse lost	( (c)_				000	70071		
burn burn ry, o		PART 2 OTHER SIGNIFICAT		ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION	GIVEN IN PART 1	(0
2 d o	ō	thema	λ.							
Deed Deed	3	190 DATE OF OPERATION	1%. COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTO	PSY? 20b. IF	YES, WERE FIND	INGS USED
bow s	Ë						YES 🗌	NO	YES -	NO [
buriol-troots hos buriol-troosit pe Mental Hygiene or frem 18 shows	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	110110		DAY YEAR	216 HOW INJURY OCC	URRED (ENTERNA	URE OF INJURY IN ITEM	18 PART I OR PART 2)	
of the last		OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH	DAY TEAK					
buri Duri	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION		CITY OR TOWN	COUNTY	STATE
s the sond	X	WHILE NOT WHILE AT WORK	(AT HOME SI	REET FACTORY, OFFIC	E FARM ETC	STREET	7	CITORIOWN	COUNTY	STATE
Afte olth nork		22a.1 certify that (I) (this h	aradad ti	he deducted from		75 108	7 10	tofite	10 77	that (I) (we) last
Hee Hee		sow the deceased alive		10/13/19	0 -	nd that in (my) (our) opin	on death accurre	d on the date and	hour and from the	. , , ,
d fo		obove, (I) (we) (did) (did	not) view the body				- Com Geome	, on the date did		
DIRE Oched Dept H Herr		22b. SIGNATURE	20 · Dau	PULD		DEGREE ATTENDING	S _ MEDICAL	STAFF	1.0	ISIBO
. = 4)				7		PHYSICIAN	DIRECTOR	PHYSICIAN	10	12/8).
FUNERAL old be det of the State		220 PHYSICIAN'S NAME IT	PE OR PRINT			22e ADDRESS	A . VII.	0		
		C. Dang				134551	WIK	ens A	tre,	21229
O d w M		BURIAL, CREMATION, REMO	VAL 23b. DATE	23	NAME OF	EMETERY OR CREMATO	RY 23d. LOCA			
P		Burial	10/16	/87 T	oudon	Park Cemeter		imore	COUNTY	Maryland
	24 F	UNERAL DIRECTOR	120/10			750		EGISTRAR 2 REC	GISTRAR'S STONA	JAJRE .
NH - 16 60M 7/84 (VRA 15, 4)	U.	ubbard Funera	Homo T	ADDRESS	W1 1100	21229 Inr	11 16 19	87 Julio	o Dandon.	(modally
/400 10, al	[1]	waru runela.	none, I	HC. 410/	MTTKG	ns Ave.	1 min.	W. S. J.	- Lander	**

STATE OF MARYLAND

067785 OCT-	STATE OF MARYLAND  POR DEPARTMENT OF HEALTH AND MENTAL HYGHENE  CERTIFICATE OF DEATH  REG. NO.	
oy be oge 3 death	DECEASED NAME FIRST MIDDLE BLIZABETH COMBS 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 114PE OR PRINTS 10 3 87 8:30	an
oge 4 mo	remale white 5 5 47 40 yrs	IRS IN,
deoth. P	BIRTHPLACE (STATE OR FOREIGN OF WHAT COUNTRY? & MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED 120. USUAL OCCUPATION 120. KIND OF BUSINESS OF BUS	MD.
ors offer	BAHTMORE  (IF NOTIN SICH FACILITY, GIVE STREET ADDRESS TO THOR INSTITUTION OF DEATH AND THE INDUSTRY OF WORK FOOTHORS IN THE SOUTH OF THE INDUSTRY OF THE INDU	OK .
LAND 21 hin 24 ho should be	Ja STATE Md. Nah COUNTY I 130 CITY OF TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 14322 A. Union Ville Ro	171
E, MARY	Was Deceased even in u.s. armed Forces? Havaccial security No. 17 INFORMANT ADDRESS	
ALTIMOR te be exe icon and informedia	(YES, NO OR (NKNOWN) (IF YES, GIVE WAR OR DATES)  Stephen Combs M+. Arry Md.  THE CAUSE OF DEATH (Enter only one couse per line for [0], (b), and (c).)	TH
5, 201 W. PRESTON ST., 8, grees that the death certification global by the ottending physis in please remove corbon paper burial, cremation, or semovoiry, or other traumatic event,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIORULM CNARY FAILURE  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF BREAST CARCINOMA 2/2 xv  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
AL RECORD: The low requirements in permit. The six permit. The six permit. The six permit is the six permit in the six p	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO 7  210. ACCIDENT WAS UNDERLYING 7  210. TIME OF INJURY 21C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)	
ON OF VITA  14/SICIAN: Ti ding physici ding physici ding physici ding physici ding physici ding physici physici mem 18 sh	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  216 INJURY OCCURRED  216 PLACE OF INJURY  211 LOCATION	
DIVISION ATTENDING PHYSI Spriol or ottending of Crox. After this ec for use as the burn t. of Health and Met m 21 is marked or the	27a. I certify that (I) this hospital attended the deceased from	lost
TO HOSPITAL OR retained by the his TO FUNERAL DIRE should be detectible with the State Dep	DEGREE  ATTENDING MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN (10/3/8)  220 ADDRESS  220 ADDRESS  220 ADDRESS  221 ADDRESS  222 ADDRESS  223 ADDRESS  224 ADDRESS  225 Creene St., Baltimore, Mc	7.
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DHMH - 16 60M 7/84 (VRA 15, 4)	FUNERAL DIRECTOR  Appress - Lange OCT 06 1987  Desiden Randale	

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R ATTE hospito IRECTO HE for Fept of hem 21 them 21		sow the deceased alive a above, (1) (##) (did+) (did+)	ot) view the body o	fter deoth.		that in (my) (auc) opinion	deoth occurred on the date		
AL OR the hor DIRE etache etache		226. SIGNATURE	solo (	Then	D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAL	- 10	16/87
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5 to 5 to 3 to 3		BURIAL, CREMATION, REMOVA	L 236 DATE	23c N	AME OF CE	METERY OR CREMATORY	23d LOCATION	COUNTY	STATE
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(VRA 15, 4)	2	501 Gwynns Fall	Ls Pkwy. 1	Baltimor	e, Md.	21216	1 3 1001		

	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY IFICATE OF DEATH	GIENE REG. N	285	4 1
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poge poge	3 SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		
oge 4 r	Female	Black	1 000	30 1913		4 YRS MONTHS DA	
of poly	TO BIRTHPLACE (STATE OR	FOREIGN 76. CITIZEN OF W	HAT COUNTRY?	IED W NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	1
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with de do	10 CITY OR TOWN OF DE		OSPITAL, NURSING HOM		12a USUAL OCCUPATI	ON 12b KIN	D OF BUSINESS OR
E	Baltimore	(IF NOT IN SUCH	grand General	al Hospital	Domestic	F WORKING LIFE) INDUST	FAMILY
a co	USUAL RESIDENCE (IF NUR	SING HOME OF OTHER INSTITUTION G	IVE RESIDENCE BEFORE ADMISSIO				1 1/11/12/
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E P P P	Herbert		Collett	Rebecca		Pr	att
SE S	160 WAS DECEASED EVER	IN U.S. ARMED FORCES?	66 SOCIAL SECURITY NO	17 INFORMANT	ADDRE	SS	
TIMO	No	(# 163, Give war on Dailes)	220-03-9996	Morris Conwa	v 11 W. 20th	St. Balti	more MD
F 4 2 2 4	18 CAUSE OF DEAT	H (Enter only one couse per l				APP	ROXIMATE INTERVAL EEN ONSET AND DEATH
certificate ng physici bot label	PART I. DEATH V	H (Enter only one couse per li /AS CAUSED BY:	Cardiac a	rrest		56144	EN CHOSE AND DEATH
ON ST h certi- nding corbo- correction		IMMEDIATE CAUSE (0)					
o) W. PRESTON that the death of d by the artendin lease remove corb iol, cremotion, or a or other traumatic		DUE TO, OR	AS A CONSEQUENCE OF				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN: The low requires that the death certificate be executed within 24 to aftending physician.  When this certificate has been signed by the ottending physician and completely filler os the buriol-transit permit. Then please remove corbourapes. Fight and shows only injury, or other troumotic extension in medical committee may acked on them 18 shows only injury, or other troumotic extension.		NIFICANT CONDITIONS CO	NTRIBUTING TO DEATH B	JT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR	î lio
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low low so be ermit e price sony	October :		ene of above		200 AUTOPST?	IN CERTIFYING CAU	
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ING ING os ti Ith o				1 04 0			
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Spirit CTO CTO of of	obove (il (we) i	ed olive on October	fter death.	and that in My) (our) opinion	n death occurred on the di	ate and hour and from	the couses stated
OR A DIRE ched Dept	726 SIGNATURE	1 1 1		DEGREE		220 0	ATE SIGNED
the Designation of the Designati	/ lan			ATTENDING PHYSICIAN	MEDICAL STAI		13/87
ANT Sto day	THE PHYSICIAN'S N	AME (THE DEPENT)		22e ADDRESS	_ DIRECTOR _ TITISIC	IAIT	
TO HOSPITAL OR A retained by the hos TO FUNERAL DIREC should be detached with the State Dept IMPORTANT: if tem	Stephe	en L. Huhn, M.	D.	c/o Mar	yland Genera	l Hosptal	302 D - S
5 5 5 4 7 F	230 BURIAL, CREMATION,	REMOVAL 236 DATE	23c NAME O	CEMETERY OR CREMATORY	23d LOCATION		
BP	(SPECIFY)	ial 17 Oct	87 Garris	on Forest Vete	eran Cem. Or	wings Mills	S. STATE
,	24 FUNERAL DIRECTOR	Baltimore			LEBEC DABAGE CONSAN		
DHMH - 16 60M 7/B4	NAME		ADDRESS		JOH LA Jaok	COOK NOT A PORT	1-1/
(VRA 15, 4)	Nutter Funer	al Homes, Inc	. Zoul Gwynn	ns Falls Hkwy			

Ayread va

245 OCT 2	87	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO
m. r		CEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
noy be page 3 er deoth		EINI	11 - 41 - 13	A CONTRACT W
rs offer.	3. SEX	Female	4. RACE S. DATE OF BIRTH  White June 1, 1910	6. AGE (IN YEARS LAST BIRTHDAY)  FUNDER LYEAR FUNDER 24 HRS  MONTHS DAYS HOURS MIN.
n 72 hou		RTHPLACE (STATE OR FOREIGN OUNTRY)	7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED MARRIED	Baltimore City on County of Death  Baltimore City  MD.
ed with	1/	altimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Saint Agnes Hospital	128. USUAL OCCUPATION (TYPE OF WORK, FOR MOST OF WORK, ING LIFE) Retired.  12b. KIND OF BUSINESS OR INDUSTRY Hatmaker
med in bould be fi	130 5	ALRESIDENCE (IF NURSING HOME OF TATE 12) COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 136. CITY OR TOWN 136 INSIDE CITY LIMITS? LIMOTE PARKVILLE YES NO 12	13. STREET ADDRESS 2800 Linwood Ave.,
2 sp	-	THER'S NAME	15 MOTHER'S MAIDEN NAM	ME
and and	1	Charles	Joseph Cook, Sr. Kather:	ine Louise Craig
dig.		VAS DECEASED EVER IN U.S. AF	VF WAR OR DATES	ADDRESS Balto., Md.2122
1		no	212-07-1950 Emma I. K.	ilmon 4 W. Second Ave.
a. Then please rem or to buriol, crems sy injury, or other t	VION	gave rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  196. CONDITION FOR WHICH OPERATION WAS PERFORMED	INAL DISEASE OR CONDITION GIVEN IN PART To
1	CERTIFICATION			YES NO YES NO NO
Moltron 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	RED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2)
and Ma	MEDICAL	214, INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN COUNTY STATE
for use of Phealth		saw the deceased alive of	oitol) ottended the deceased from 15/17, 19.87  n. 19.87, and that in (my) (aur) apinion of view the body after death.	, to, 19, that (I) (we) last death occurred on the date and haur and from the causes stated
detoched det		Levis a	Jelan M.D DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN 10 18/97
hould be of the St.		Louis A.	Salas M.D 900 S.	CATEN AVE.
F 2 3 5 1		SURIAL, CREMATION, REMOVA SPECIFY Burial	10/21/87   236 NAME OF CEMETERY OR CREMATORY   Cedar Hill Cemet	ery Baltimore, A.A. Co., Md
AH - 16 50M 1/81 (VRA 15, 4)	24 FI	UNERAL DIRECTOR CCULLY Fune:	237 E. Patapsco Ave., bct ral Homes Balto., Md.2122	PEC DE REGISTRA DE REGISTRA SE STOPPONE

OCT 2 O

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Burial

23a. BURIAL, CREMATION, REMOVAL

James A. Morton & Sons 1701 Taurens St.

10/30/87

23b. DATE

Balto.

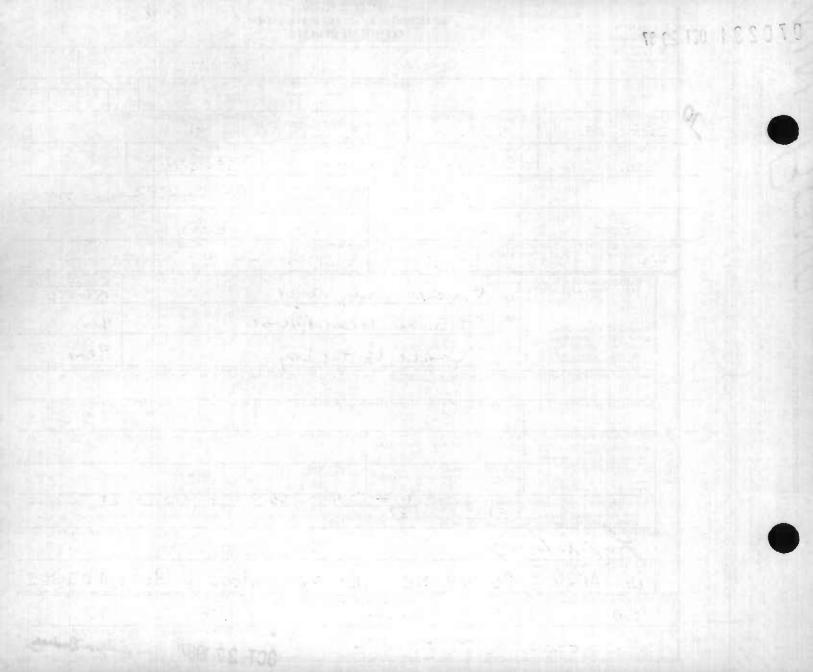
23c NAME OF CEMETERY OR CREMATORY

Woodlawn

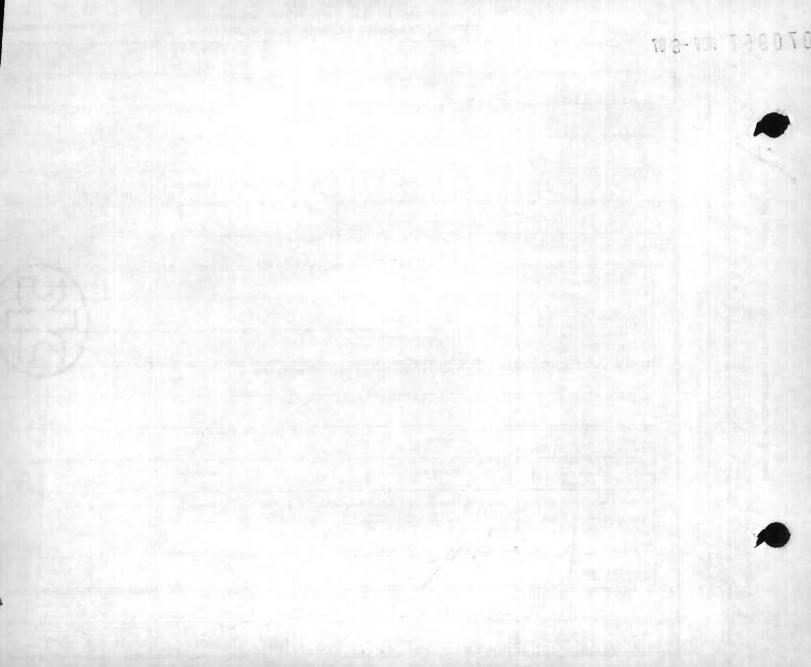
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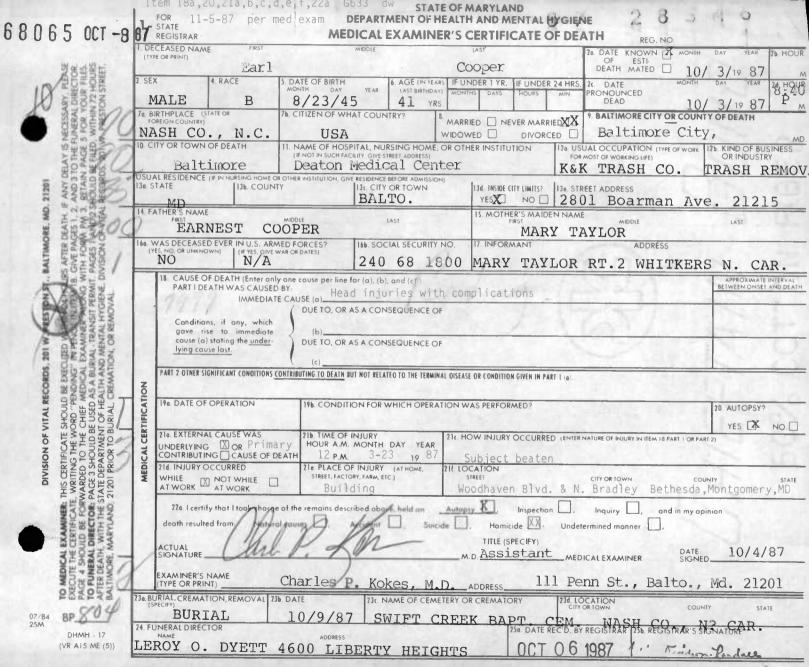
STATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE win Decider or Recolate



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RUGGENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L. CEASED NAME MONTH 20 DATE KNOWN 26 HOU ESTI-U DIRECTOR. YOU'R FILES. IN 72 HOURS DEATH MATED Cooper 10-31 19 87 Cathy IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE A AGE UN YEARS 5.55A DATE OF BIRTH DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED 04-28-68 DEAD 19 Black YRS 10-31 1987 M Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OF BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED -DIVORCED Baltimore City Ralto. Md RETAINCHAGE HOULD BE PLED RECORDS, 201 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION HE NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Carrollton Ave (allev) Baltimore 200 N. Carrollton D 3a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 734 W. Fayette Street Baltimore Raltimore Maryland
14. FATHER'S NAME L IN ITEM 18. GIVE PAGES 1, 2, R ALONG WITH FORM PM 3. R ASIT PERMIT. PAGES LAND 2 SHOWITH PAGENE, DIVISION OF WARE RE 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Effie Leake Mae William Bernard Cooper 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Effie M. 734 W. Favette 217-86-2713 Cooper No APPROXIMATE INTERVAL E CHIEF MEDICAL EXAMINATA BE USED AS A BURIAL: TRANSIT PERMIT I ENT OF HEATTH AND MENTAL HYGIENE, DI BURIAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Perforating gunshot wound of head DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PENDING"
MEDICAL PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CRETHICATE, WRITING THE WORD "PROGE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNKEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BAUTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. 2D AUTOPSY? YES . NO [ 214 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING SOR 10-31-87 5:45AM Subject shot CONTRIBUTING CAUSE OF DEATH 11 LOCATION 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED STREET, FACTORY, FARM FTC 1 CITY OF TOWN NOT WHILE alley 200 N. Carrollton Avenue, AT WORK AT WORK Baltimore City MD Autapsy 22a I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Homicide X deoth resulted from Notural causes Suicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy Chiafrical EXAMINER SIGNED 10-31-87 SECNATURE EXAMINER'S NAME Ann M. Dixon TYPE OR PRINT 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore, MAryland -05-87 Zion Cemetery Burial BP 07/B4 25M 24 FUNERAL DIRECTOR 236 REGISTRAR'S SIGNATURE **DHMH** - 17 dia Divideon- Ra (VR A15 ME (5)) Brown/Thompson Funeral Home P.O. Box

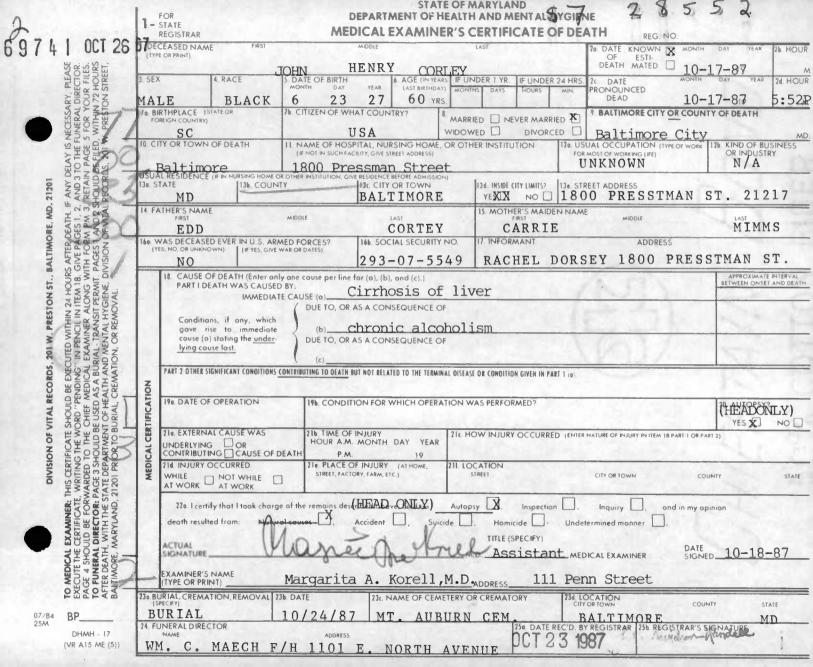




07	0796	NOV -	4 8	EOR STATE REGISTRAR		DEF	ARTMENT OF H	EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	0 , 1	2
	noy be poge 3			CEASED NAME COOL	OER,	RE	BEC	CA	20. DATE OF DEATH MO	DAY YEAR - 29-87	6:55 PM
	ge 4 moy ector, po ars ofter d		3. SEX	F	4. RACE	B		FBIRTH  - 01 - 10	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HRS
0	leoth. Po	Chonce		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF		WIDOWE		BALTIMORE CITY OR C	CITY	MD.
8	by the filled with	Souting		BALTIMORE	MERCY	HOSP I	TAL	R OTHER INSTITUTION	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO UNEMPLOYE	ORKING LIFE) INDUSTRY	A A
AND 212	filled in hoyld be	and the	13a S M	AL RESIDENCE (IF NURSING HOME O TATE 13b. COU		BALT	TOWN	134: INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 1701 EUTAW	PLACE 2	1217
MARYL	mpletely ond 2 sh	exomine	14 FA	THER'S NAME MÅCK	WIDDIE		REW	15. MOTHER'S MAIDEN NA GEITHA	MIDDLE		HARDSON
ST. BALTIMORE,	be execu	medicol		VAS DECEASED EVER IN U.S. AI res, no or unknown) (# yes, Gi NO	RMED FORCES?	161	SECURITY NO. L 6 – 6 6 6 8	DENISE CO	ADDRESS OPER 1224 R	OSSITER A	1D 21239 AVENUE
	certificate ding physici orbon pope	or removol. Stic event, th		18. CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUS IMMEDIA	ED BY: TE CAUSE (o)	CEI	REBR		MAR OIS	EASE Y	A CONSET AND DEATH
1 W. PRESTON	that the death	ol, cremotion, or r r other troumotic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)	F	EQUENCE OF	MONIA		2	WK3
CORDS, 201		ony injury, o	ATION	PART 2. OTHER SIGNIFICANT				NOT RELATED TO THE TERM	20a AUTOPSY? 2	Ob. IF YES, WERE FINDI	INGS USED
VIT AL RE	hos pe	Hygiene p	CERTIFICATION	210. ACCIDENT WAS UNDERLYING			DAY YEAR	21c. HOW INJURY OCCUR	YES NO	YES TEM 18 PART 1 OR PART 2)	NO [
DIVISION OF VITAL RECORDS,	G PHYSICIA offending pl er this certif	and Mentol	MEDICAL	OR CONTRIBUTING CAUSE OF OIL  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE  WHILE  AT WORK  AT WORK	P. PLACE	M. OF INJURY	19	.211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	Spito CTO	lept. of Heolth Item 21 is mor		220.1 certify that (1) (this hosp saw the decearch ablive a above (1) (we) (did) (did n 22b. SIGNATURE	10-	- 29	19.87.0	d that in (my) our) opinion	deoth occurred on the date		, that (I) (we) ost e causes stated E SIGNED
•	HOSPITAL OR A med by the ho FUNERAL DIRECTOR	N. Z.		77d. PHYSICIAN'S NAME TYPE		SBI	M	ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAL  RC4 HOS	PITAL	29/87
	TO HOSP retained TO FUNE should be	\$ \$	23a B	SPECIFY)			23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	ACT, MC	) 2/202 STATE
	BP	- 1		BURIAL	11/4/	87	CEDAR 1	HILL CEMETE	RY ANNE AR	UNDEL CO.	MD
	DHMH - 16 50A (VRA 15,		W	M. NAMC . MARCH	F/H 11	01 EADD	RESNORTH	AVENUE N	TE REC'D. BY REGISTRAR 256	Aulia Trado	4.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 068305 OCT 3-87ED NAME a DATE KNOWN 💢 MONTH 2b HOUR ESTI-87 JAMES 10 COPE DEATH MATED 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS YEAR PRONOUNCED 10 Male White 27 04 19 87 82 DEAD 10 IN BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY U.S.A. Italy Baltimore City DIVORCED WIDOWED [ TO CITY OR TOWN OF DEATH I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION STYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore University Hospital Public Relation Executive USUAL RESIDENCE LIF IN MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 3a STATE Talbot 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland YES X NO [ 233 Brookwood Avenue Easton 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Canby Biddle James Stefiania Cope Emilia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 578-01-4911 Martha L. Cope 233 Brookwood Easton MD no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Head and neck injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21a EXTERNAL CAUSE WAS 16. TIME OF INJURY
HOUR XXX MONTH DAY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TO 4:36p.m. 10-6-CONTRIBUTING CAUSE OF DEATH Driver of auto/auto collision. TIE PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK road Easton Pkwy. & Centreville Rd., Talbot IVII) 220 I certify that I took charge of the remains described above, held on Autopsy X Inspection Inquiry and in my opinion death resulted from: Accident X Natural cas Homicide L Undetermined monner TITLE (SPECIFY) Deputy Chief PACE 4 SHOU TO FUNERAL AFTER DEATH **ACTUAL** DATE 10-7-87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 10/8/87 Salisbury Crematory \$alisbury Cremation Wicomico 07/84 25AA 24. FUNERAL DIRECTOR 250, DATE REC'D. BY **DHMH - 17** Newnam Funeral Home (VR A15 ME (5)) Easton, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 26 HOUR DECEASED NAME FIRST 20 DATE OF DEATH (TYPE OR PRINT) 2:40 Au 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 5 DATE OF BIRTH IF UNDER 1 YEAR 1892 Black MONTH DAY TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore USA MARYLAND DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 17b. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hospital and 7 LINKNOWN UNICAMN SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21216 13a. STATE 1131-COUNTY 13c CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAND DALTIMONE N. DUKELAND KAITIMONE GITY 1501 NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST DOGAL FIRST Annie FIRST MIDDLE TIETON FLEMING DONNE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Poges (YES, NO OR UNKNOWN) LIE YES, GIVE WAR OR DATEST CHART. DEATON NURSING HOME UNKNOWN APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED 8Y. ARDID PULMONAMA ARREST IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF DN6057 IVE HEART 1-AILURE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost UROSEPSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES NO F Mental Hyga 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 10 21e. PLACE OF INJURY STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 10/7 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 276 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS the the BACTIMON GenoVA HOSPITAL 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Md Burial 10/10/87 Park Arbutus Arbutus Memorial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. PEGISTRAR SIGNATUR DHMH - 16 60M 7/84 Wm. C. March F/H West 4300 Wabash Avenue (VRA 15. 4)



no Ton

## - STATE CERTIFICATE OF DEATH RT REGISTRAR REG. NO. 20 DATE OF DEATH DECEASED NAME (TYPE OR PRINT) dea 3 SEX DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE MONTH To BIRTHPLACE I STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INMERIOTION 13o. STATE 13c. CITY OR, TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP\_CODE to YES M Srung. to NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF metatatic Cholangio Carcinoma Conditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse CERTIFICATION 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH JO NOISINIC (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21L LOCATION 21e PLACE OF INJURY ò AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE WHILE AT WORK 0 270.1 certify that (1) (this haspital) attended the deceased from 28 saw the decreased alive an above, (I (we) (did) (did not) view the body after death. 6 276. SIGNATURE DEGREE + ATTENDING MEDICAL ld be deta PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS IMPORT,

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226. DATE SIGNED STAFF DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION 236. DATE 250. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Dentage (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGYENE

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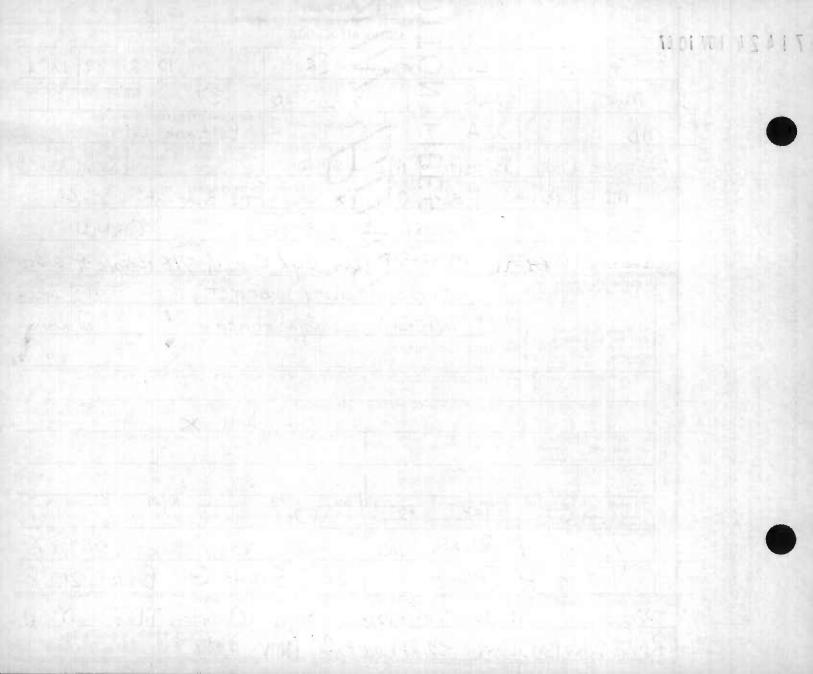
7b. HOUR

17 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

IF UNDER 24 HRS

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6/	DELAY IS NECESSARY, PLEASE 110 THE FUNERAL DIRECTOR. N PAGE 5 FOR YOUR FILES. RE FILED, WITHIN 72 HOURS DS. 201 W. PRESTON STREET.	19 CI	Baltimore	ATH	11. NAME OF HOSE	ILITY, GIVE S	TREET ADDRESS)				12a. USUA FOR MO	L OCCUPA ST OF WORKIN	TION (TYPE	E OF WORK	126 KIN		siness RY Inc
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ā	INER: THIS CERTIFICATE, WRITING FORWARDED TO TORK PAGE 3 SHITINE STATE DEPART THE STATE DEPART OF THE STATE OF	E	WHILE NOT AT WORK	WHILE X	STREET, FACTO	Home	TC.)		REET 325 Gat	ehouse	Drive	Bal	timor		YTML		STATE
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	TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FA TO FUNKER LORECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN	22. 71	(TYPE OR PRINT)	TICLE	o F. Golle				DDRESS_		Penn S		Balto	., MI	) 2	1201	
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I W. PRESTON ST., BA	hat the death certificat	by the otter ill in pholicose remove authorities oil, cremotion	uner troundle		Conditions, if ony, w gove rise to immed cause (o), stating	DUE 1	(b) CA	ONSEQUENCE OF		ARREST OCA L		BETWEEN	KWATE INTERVAL ONSELAND DEATH
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		- 16 60M 7 /RA 15, 4)	/84	WM	NERAL DIRECTOR  C. MARCH F	/H, INC.	1101	ADDRESS NORTH	AVENUE	OCT 15		GISTRAR'S SIGNAT	- Randale

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BATIMORE, MD.	V 24 HOURS AFTER PEATH ALONG WITH FORM PM TIPERMIT PAGES I AND YGIENE, DIVISION OF WITH OVAL.	160 WAS DECE.	ASED EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)		IAL SECURITY N		FORMANT Mr	. Stanley	APDRE K	ohlhe	pp 2:	1215
1	HOULD BE EXECUTED WITHIN 24 HOURS AFTER RD "PENDING" IN PENCIL IN ITEM 18. GIVE PA THIEF MEDICAL EXAMINER ALONG WITH FOR USED AS A BURIAL. TRANSIT PERMIT PAGES 1 OF HEALTH AND MENTAL HYGIENE, DIVISION RIAL, CREMATION, OR REMOVAL.	yes	195	1-1959	217	-26-297	3 4	028 Lewi	ston Ave.	Bal	timor	e, MD	
	E 3 O	18 CAUS		nly one couse per line				Trans			-17	APPROXIM BETWEEN O	MATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	ERW ERW AL.	PARI	IMMEDIA	ATE CAUSE (o) CO	or pu	lmonale							
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7 8	SHOULD ORD "PE CHIEF N E USED A T OF HEA	J 190. DATE	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOP	SY?	
) I	X82552	. E		O Dalley								YES [	NOX
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<u> </u>	CERTIFICATE WITHOUT THE WOED TO THE STANDULD BEPARTMEN	AM .	RY OCCURRED	21e PLACE C STREET, FACTO			II LOCATIO	N	CITY OR TOV	VN	COUN	JTY	STATE
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CRETIFICATE, WRITING THE WORD,"PE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED, AFTER DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRORT OF BELLIMORE, MARYLAND, 21201 PRORT OF BELLIMORE.	220 1	certify that I took chor	ge af the remains desc	ribed oba	ve, held an	Autapsy [	], Inspection	, Inquiry	X ar	nd in my opir	nion	
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	A DA E A E	TYPE OR	PRINT) Ann	M. Dixon,	M.D.		ADDRE	ss 111 P	enn St.,	Balto	., MD	2120	1
	DAY OF A	230 BURIAL, CRE	MATION, REMOVAL			AME OF CEMET			23d. LOCATION		COUNT	Y	STATE
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- 11		Zha c	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FA	SPITAL, NURSING HOME, O ACHITY, GIVE STREET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION (* FOR MOST OF WORKING LIFE)	TYPE OF WORK 126 KIND OF BUSINESS
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	PESSE SE		22a I certify that I took char	ge of the remains de	scribed above, held an	Autapsy X, Inspec	tion . Inquiry .	and in my opinion
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	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, A PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STANGORE, MARYLAND, 2	23a 1	BURIAL, CREMATION, REMOVAL		231. NAME OF CEMET		1 Penn Street 23d LOCATION CITY OR TOWN	
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		١,	FOR STATE	DEPART	STATE OF MAKTLAND  TMENT OF HEALTH AND MENTAL HY	SIENE / 2 8	J 5 3
7 1 9 5 6 M	OU.	۱,	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	196
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AL RECORDS, The low requirion. The low requirion. The low requiries on the loss been significant to be significant.	on 1	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
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N OF VITA  SICIAN: The physicic certificate rirol-transit entol Hygie	88	8	210. ACCIDENT WAS UNDERLYING		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18. F	ART 1 OR PART 2)
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	- T	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
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0 0 0 0	# H		THE SIGNATURE	1///	ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
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DHMH - 16 50M 1/	'B1	24 F	JNERAL DIRECTOR			E REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
(VRA 15, 4)		R		Funeral Home	P.O. Box 4433N	DV 5 1987 Auta	Tioiden Pandall
			CALL THOMPSOI	i i diletat mone		0 1001	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL IN GIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO KNOWN DECEASED NAME 20 DATE (YYPE CH PRINT) ESTI-SHEILA DEATH MATED CRITTERTON 4. RACE 5 DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED B 9 13 55 32 DEAD 10-17-87 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY) U.S.A. Baltimore City Md. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Housewife Home Baltimore Liberty Medical Center ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTIO 3m STATE 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Balto. NO L 3000 Wolcott Ave. Md21216 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Critterton Russell Aretha Critterton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. **ADDRESS** IYES, NO OR UNKNOWN I IF YES, GIVE WAR OR DATEST 220 76 4406 Mrs. Aretha Critterton 3000 Wolcott 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION Down's Syndrome 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES TO NO 218 EXTERNAL CAUSE WAS 716. TIME OF INJURY 214 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY PAGE 4 SHOULD TO FUNERAL DIRECTOR PAGE AFTER DEATH, WITH THE ST. TRANDE, MARYLAND, 270. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion Natural causes Accident Hamicide Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 10-17-87 SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial COUNTY STATE King Mem. Park Baltimore 07/B4 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Jas. A. Morton & Sons 1701 Laurens St. (VR A15 ME (51)

O O O C OCT 22	7.	FOR Item #12a F	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY	GIENE 7 2	8 5 0 0
9395 OCT 22	11	STATE per funeral REGISTRAR	home 10/21/87	CERTIFICATE OF DEATH	REG. NO.	
		DEASED NAME PIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 75	IIII	FRA	INCES	CROCKER	10	10 01 2 20 1
- G 00	1. 5E		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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A 10/2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
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2 14 47		AL RESIDENCE HE NURSING HOME OF		CE BEFORE ADMISSION) PRIOWN , 113d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	DDE 21215
N C TO		Md	Balt	more YES NO [	1 3234 Seq	uoja Ave
1 15 970	1 E/	THER'S NAME	MIDDLE 1	15 MOTHER'S MAIDEN N	MIDDLE	L 4 1 EAST
1 1 19 300	1	erry	C. Cr.	ocker Maggie	ADDRESS	Marren
and place		VAS DECEASED EVER IN U.S. AF		AL SECURITY NO 17 INFORMANT	7	C
		No	123 -	14-3601 Bettha W	illiams 3234	1001
* ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		18 CAUSE OF DEATH (Enter of PART 1, DEATH WAS CAUSE	nly ane couse per line for (a). DBY	(b), and ich SEPTIC	SHOCK	BETWEEN ONSET AND DEATH
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A CHARLE		22b. SIGNATURE	of) view the body offer death	DEGREE >		22c DATE SIGNED /
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		UNERAL DIRECTOR		25a D	ATE REC'D. BY REGISTRAD 256 REG	ISTRAR'S SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)	Wr	n. C. March F/H	West 4300 Wa	bash Avenue	120 1007 guille	ween-Nadan
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3200					166 SOC	IAL SECURITY	NO. 17	INFORMA	NT		ADDR	ESS		
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VITAL RECORDS SHOULD BE EXECUTED WITH A PROJECTAL CHIEF MEDICAL USED AS A BUIL TO EVERATH AN BUILL CREMAT	2													
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STATE OF MARYLAND

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מחוב חרד	20	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GRENE Z	8 5 0	3
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Page dire	. 1	TO. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T.COUNTRY?		9 BALTIMORE CITY O	YRS PRICOUNTY OF DEATH	
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retrificate be paysicion banpapers. I remaval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA			4 Initiomen	a C. Manon		OXIMATE INTERVAL IN ONSET AND DEATH
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TTEN Potol TOP for u	. 7	sow the deceased plive	d not) view the body after	19 4 , death	and that is (my) (our) apinion	death accurred on the de	ate and have and from th	he causes stated
OR A DIREC orhed Dept.		226. SIGNATURE	the state of the	acan.	DEGREE			TE SIGNED
, E , D 41 -		Rella.	ugus le	3	ATTENDING PHYSICIAN	MEDICAL STAI		115/87
- D III 0 17		226. PHYSICIAN'S NAME (T	PE OR PRINT)		22e ADDRESS			1.010
	V	Dr. Raymun	do Magno	MD	7811 Wise	Ave., Bal	to., MD	
Of Of War		230 BURIAL, CREMATION, REMO			CEMETERY OR CREMATORY	23d LOCATION		
BP		Burial	10/16/	87 New C	athedra1	Balto.,	COUNTY	D
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DHMH - 16 60M 7/1 (VRA 15, 4)	54	NAME 11 •	OCHALII	ADDRESS	nr.	T 1 6 1007	Julia Devider	n. Randall

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7706 og -	618	STATE REGISTRAR	DEP		ICATE OF DEATH	REG. N		· page
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9 24 P	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 126 KIN	ND OF BUSINESS OR
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een si een si ior to ny inju	CATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIF	NDINGS USED
n. n	L.	The Brite of Orelining				YES T NOT	IN CERTIFYING CAL	JSES OF DEATH?
short	CERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OC	CURRED (ENTER NATURE OF INJU		
T = 10 E		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH					
this cert ne burio nd Ment d or ther	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
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or o or		22a.l certify that (X(this hospit	(a) attended the deceased	rom Augus	st 28, 19 8	37 to October	r 2, 19 87	, that X (we) last
TEN TO SO		saw the deceased alive an	October 2.	19.87		nian death occurred an the d		
RECT RECT RECT RECT RECT RECT RECT RECT		obove, (Niwe) (did) (oxing) 22b. SIGNATURE	I view the bady after death		DEGREE			PATE SIGNED
the I the I the I the I		Michel	1.11.11/4	4 M	ATTENDIN PHYSICIA	MEDICAL STA		7-2-87
by th		270 PHYSICIAN'S NAME TTYPE OF	R PRINT)	20 /0//	22e ADDRESS	The Division of Titles		
etained TO HOSP Should b		Michael All	Mason Mil		c/o Mary	gland General	Hospital	
5 g 5 g g	23a E	SURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	CEMETERY OR CREMATO	DRY 23d LOCATION		
BP 6	/	VAIA CO	10/6/17		LOUNN	BALTIA	HAND, COUNTY	STATE
	24 F	INERAL DIRECTOR			25a.	DCT 05 198		
DHMH - 16 60M 7/B4 (VRA 15, 4)	1	lan face DIS	my 135 NG	· /myn	it	001 00 1987	Julia Davide	N. V. Kondario

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4 3 OCT	158	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYORNE  CERTIFICATE OF DEATH  REG. NO.
		DECEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
poge 3	1	CARRIE	CURETON 10/11/87 6:03,
you you	3.	SEX	4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 H
director hours aft		F	B MONTH DAY YEAR 68 YRS MONTHS DAYS HOURS M
funeral drift thin 72 hou	01	BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C.	76 CITIZEN OF WHAT COUNTRY? B MARRIED   NEVER MARRIED   PARTIMORE CITY OR COUNTY OF DEATH WIDOWED   DIVORCED
by the fur	10	BOUT MORIZ	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
filled in bound be fi	See U		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
F 748	10	FATHER'S NAME	15 MOTHER'S MAIDEN NAME
2 0 -	7	FIRST	Montagnery Frene Mode Tinkler
5 0-	1/	WAS DECEASED EVER IN U.S.	
th certificate be execut nding physician and co corbanpapers. Pages 1, , ar removal.	T.		1213-05-32630 Henrietta Wade 12640 Filmore
CODA Fers. F	=	177	APPROXIMATE INTERVA SED BY:  APPROXIMATE INTERVA BETWEEN ONSET AND DE
ow requires that the deal been signed by the atter mit. Then please remove a prior to burial, cremation any injury, or other froum		gove rise to immediate couse (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	TOO DUE TO, OR AS A CONSEQUENCE OF SCAPS OF SCAP
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ING PHY r offer this as the bu th and M arked ar		(IF EITHER NOTIFY MEDICAL EXAMIL  21d INJURY OCCURRED  WHILE NOT WHILE	216 PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE, FARM, ETC.)  216 LOCATION STREET CITY OR TOWN COUNTY STATE
	91	AT WORK AT WORK	spital) attended the deceased from 9/9 19.87 to 16/11 19.87 that (New
ATTENDIN spitol or of CTOR Aft of Health	16		not) view the body after death.
hospi hospi ned fo	7	obove, (1) ( and (did	not) view the body after death.  DEGREE  22c DATE SIGNED
0 0 0 0 0		D. R.	ATTENDING MEDICAL STAFF & 2/1//
HOSPITAL ined by th FUNERAL uld be det on the State		224 PHYSICIAN'S NAME (TY	PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN 220 ADDRESS
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oined be could be ith the S		THOMAS	RESERVITATE STORY
TO HOSPITAL retained by the TO FUNERAL should be detected with the State IMPORTANT:	2	BURIAL, CREMATION, REMOV	AL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN 1 1 COUNTY STATE
Bb retained			

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9 7 9 NOV -6 8	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	BIENE 2 8	5 6 3	
	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR	
be of the	CARRIE	VIRGINIA	DATLEY	10	31 87	
15 moy be offer death	. SEX 4. F	RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
0 2 4	Female	Black	5/26/12 YEAR	75 <sub>YE</sub>		
deoth. Po	BIRTHPLACE (STATE OR FOREIGN TO Md.	USA	MARRIED NEVER MARRIED WIDOWED DOWNED	BALTIMORE CITY OR COU		
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N = 6 6 1 5 7 13	Md.		YES TO NO	130 STREET ADDRESS 8704 Airy Bri	nk La. 21045	
omplet on d 2	Pinkney	Simms	Mattie	Simms	LAST	
BALTIMORE,	FEMALE  Black    STATE OR FOREIGN   16 CITIZEN OF WHAT COUNTRY?   MARRIED   NEVER MARRIED   WIDOWED   DNORCED   SALITIMORE   NEVER MARRIED   N	ADDRESS 8704 Airy Brin				
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n. low required as been signored by sommit. Then the prior to be wis ony injury.		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES NO NO				
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he h	226. SIGNATURE Phas	led arthur	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED	
TO HOSPITAL TO FUNERAL should be det with the Store	27d. PHYSICIAN'S NAME (TYPE OF PR	Rikaki	Pio Cy	9 Ton AVE		
23	236 BURIAL CREMATION, REMOVAL 236. DATE 11/4/87 Arbutua Park 236 LOCATION CUTY OF IOWN Arbutus					
	Funeral director Estep Bros. F.H.	1300 Eutaw Plac	e 'NO	TO REC'TS BY REGISTRAR 251 REC	CINTANE TICHNING	

23b. DATE

23a. BURIAL CREMATION, REMOVAL

STATE OF MARYLAND

2h HOUR

IF UNDER 24 HRS

87

IF UNDER 1 YEAR

Lee

NO [

STATE

YES [

23d LOCATION

COUNTY

22c DATE SIGNED

10/21/1987 Garrison Froest Vet. Cem. Burial Baltimore, Maryland 24 FNUTATE RECPONERAL HOMES, INC. 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 (VRA 15, 4)

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

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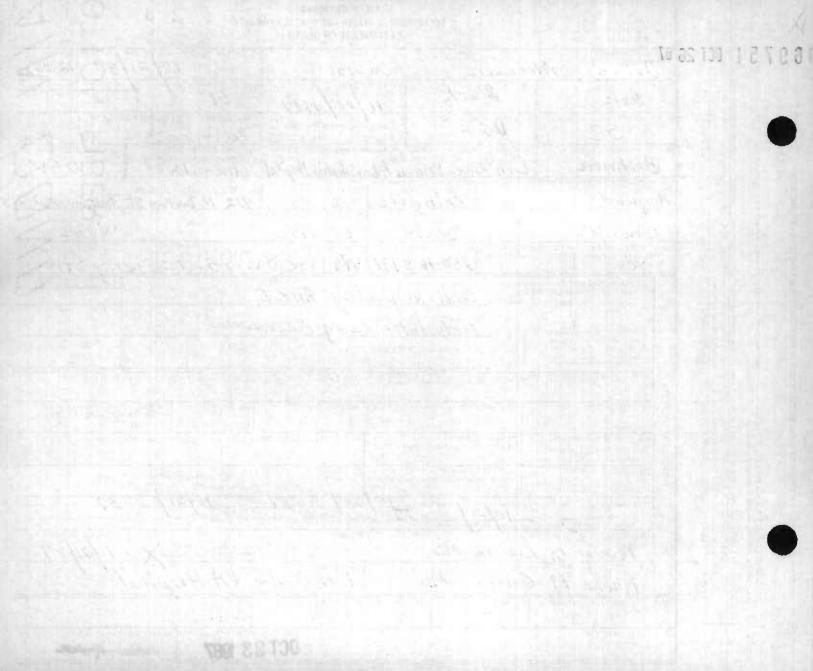
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AND 21			DUNTY 13c. CITY O  BALTO BAL	RTOWN	136 INSIDE CITY LIMITS? YES NXX	13e STREET ADDRESS / 7 SLADE AV		APT. 815 O.,MD 21208
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MORE, A	1	VAS DECEASED EVER IN U.S.	S. GIVE WAR OR DATES)	L SECURITY NO		RS. TILLYɰDA	VID APT.	
PRESTON ST., BALT  For death certificate to  manage corbon papers  mation, or removel.		18 CAUSE OF DEATH (Enter PART I DEATH WAS CA	DUE TO, OR AS A CON	UM ON 1	A		AP BETY	PROXIMATE INTERVAL WEEN ONSET AND DEATH
Device agrees that a green that a green that the green that the please of green that the green t	CERTIFICATION	underlying cause last PART 2 OTHER SIGNIFICA  190 DATE OF OPERATION		G TO DEATH BUT		MINAL DISEASE OR COND  200 AUTOPSY?  YES \( \text{VES} \( \text{NO} \)	20b. IF YES, WERE FI	INDINGS USED
NG PHYSICIAN To other this certifical os the buriol-tron th and Mental Hygorked or them 18 see	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE O (IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY	DE DEATH HOUR A.M. MONT P.M.  21e PLACE OF INJURY	19	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	TIN ITEM 18 PART I OR PAR	R1 2)
OR ATTENDING PI e haspital ar atter DRECTOR: After it oched for use as the Dept of Health and f them 21 is marked	W	saw the deceased aliv	naspital) attended the deceased e an attended the bady after death	fram	d that in the (aur) apinia	n death accurred an the da	te and have and Iran	that (we) last
TO HOSPITAL retained by the TO FUNERAL should be detained to the State IMPORTANT. II	230.	27d. PHYSICIAN'S NAME IT ESTREVITA BURIAL, CREMATION, REMO	0. KW	M	PHYSICIAN PHYSIC	DIRECTOR DHYSIC	INO CENT	10/11/8 + 1512 + HOSATA
BP		BURIAL	OCT.12,1987	CHIZUE	AMUNO	BALTIM		MARYLAND
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR SO 5010 REISTERS	OL LEVINSON & B FOWN RD. BALTO		21215	OCT 15 1987	1.1 - 1	dem. Pondale

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X	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGHENE  CERTIFICATE OF DEATH  REG. NO.							
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Page 4 may director. pag nours after d	3. SE	Male	A RACE Blac,	K 5.0	ATE OF BIRTH MONTH DAY YEAR 11 08 1917	6. AGE (IN YEARS LAST BH	YRS.	AYS HOURS MIN.		
death Pour 72 ho		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	M. WIE	ARRIED NEVER MARRIED DOWED DIVORCED	Baltim	DR COUNTY OF DEAT	<b>н</b> - У мо.		
by the filled with		BALLMORE	Loch RAVE	N Veterans	Administration Hospita	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST)	OF WORKING LIFE) INDUS	DAV		
AND 21 hour 24 hour 24 hour should be	13a.	gryland 136 COU	OR OTHER INSTITUTION GIVE RE JINTY 134 C	ESIDENCE BEFORE ADMIS	YES NO .		/	HIMOREMD 2120:		
MARYL ed with	14 F	charles	WIDDIE	Davis	Louise	WIDDLE	W	ylie		
on and construction of the		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 S IVE WAR OR DATES) 25	50-16-57		avis 5201		Street		
Jos. 201 W. PRESTC	N.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT	(b) MC  DUE TO, OR AS A	A CONSEQUENCE  A CONSEQUENCE  BUTING TO DEATH	e Lung Carci	NOMA.	IDITION GIVEN IN PAR	RT Iro		
he low requestions by the second of the seco	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION	FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CAL YES T			
VITA N. T hysicin icote icote ronsi Hygi Hygi		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	HOUR A.M.		21c HOW INJURY OCCUI					
NG PHYSICIA offending plants certificate this certificate so the burdel in and Mental in and Mental	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF IN.	JURY CTORY OFFICE, FARM E	211 LOCATION STREET	CITY OR TO	OWN COUNTY	y STATE		
R ATTENDIII haspiral or RECTOR A red for use opt of Health opt of Health opt of Health		220.1 certify that (1) (this hasp saw the deceased give a above, (1) (we) (did) (did n	10/20/	19 87	and that in (my) (aur) apinion	, ta, ta death occurred on the d	at and hour and tram	, that (I) (we) lost the causes stated		
the horse to Dep		Maria M.	Darria 1	ND.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF \ / / / / / / / / / / / / / / / / / /	ATE SIGNED		
O HOSPITA eformed by TO FUNERAl should be de with the Storing MAPORTANT.		Maria M.	Garcia	MD.	Loch Rave	N VAHE.	pital	/		
BP		BURIAL, CREMATION, REMOVAI SPECIFY) BURIAL	10/26/8		OF CEMETERY OR CREMATORY	OW INGS MI	ILLS, COUNTY	MDTATE		
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR  WM. C. MARCH F.	/H, INC. 1	10TE. N	ORTH AVENUE OCT	TE REC'D. BY REGISTRAR	25b REGISTRAR'S SIG			



68184 OCT -	-	FOR STATE REGISTRAR CEASED NAME		DEPART	MENT OF F	E OF MARTLAND  IEALTH AND MENTAL HY  ICATE OF DEATH	REG. N		DAY, YEAR	at 2b. HOUR
ay be ooge 3 death		ORPRINT) Hatti	e M	ay o		vis		0/5	ST UNDER 1 YEAR	6 5 M
rer death. Page 4 may be the funeral director, page 3 within 72 hours after death (jed's), and	F	emale	Black		mag t	10/27 YEAR	60	YRS.	ONTHS DAYS	HOURS MIN.
death, Pr	s.	S. COUCHTO USA MARRIED WIDOWED DIVORCED Baltis						nore (	City	MD
4 = = E//		Baltimore		HOSPITAL, NURSING FACILITY GIVE STREET		Spital	176 USUAL OCCUPAT (TYPE OF WORK FOR MOS) HOUSEWI	OE WORKING LIFE	1264KIND C INDUSTRY	OF BUSINESS OR
ND 2120 124 hours 24 hours filled in by ould be filled most be-a	USU 13a N	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	R OTHER INSTITUTIO	Baltim	e admission) VN Ore	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	Fairmo	unt Ave	e 21223
, MARYLA integration of the completely 1 odd 2 sh	14. F/	ATHER'S NAME Edward McN	ight	LAST		is. mother's maiden na Char lo		ght	LAS	51
, BALTIMORE, MARYLAND 21201 ircate be executed within 24 hours of hysician and campletely filled in by papers. Pages 1 old 2 should be file over. ent, the medical examiner must be early.		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT Warren Da	vis 2738 W.		ount Av	ve.
W. PRESTON ST., and the detail certifing the strengthon, or remonstrate when the rice manufactors and the rice manufactors.		PART I. DEATH WAS CAUS  IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO,	OR AS A CONSEQU	ENCE OF	lung cano	er			
I RECORDS, 201  The low requires the note of the permit. Then plean to permit, Then plean was any injury, or of the note of th	CERTIFICATION	PART 2. OTHER SIGNIFICANT				NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES	, WERE FINDI	NGS USED OF DEATH?
7510N OF VITAL RI frending physicion. rr this certificate has the burial-transit per the burial-transit per and Memal Hygiene ted or Hem-18 shows.	MEDICAL CERTII	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR	P.M.	AY YEAR	21c. HOW INJURY OCCUR	YES NO		S [] ART   OR PART 7)	NO 🗌
DIVISION O DING PHYSIC or offending After this cert e os the burial oith and Mente	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME,	E OF INJURY STREET, FACTORY, OFFICE.		211. LOCATION STREET	CITY OR T	own f	COUNTY	STATE
OR ATTENION PROPERTIES OF THE		220.1 certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n 22b. SIG	n 10	15 19	£7°	nd that in (nly) (aur) apiniar DEGREE ATTENDING PHYSICIAN	MEDICAL ST.  DIRECTOR PHYS	AFF /		
TO HOSPITAL (retained by the TO FUNERAL Should be deton with the Store (IMPORTAN); if	23e	BURIAL, CREMATION, REMOVA		andez, M		270 ADDRESS  STAGES  CEMETERY OF CREMATORY	Hogsital C 123d LOCATION	100 Ca	to Ave	Balo A
BP	E	WTTal	10/9			s Mem. Park	Arbutus			STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR CHARLES A RICE FUNERAL SERVICE, PA	Th	veget ADDAS	1. 60	reges (OC)	TE REC'D BY REGISTRA	Julia 3	Dragory.	Candall

6-1-1-10-5

near reason

STATE OF MARYLAND

Item 18a 1&2,21a, , , ,



221 00721	87-	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. N	28.	5 / 4
noy be poge 3		CEASED NAME RUB	4	MIDDLE	D	AYC	2a. DATE OF DEATH	0 17	87 11:55 M
4 moy or, pog ofter de	3. SEX		4. RACE		S. DATE (		6. AGE (IN YEARS LAST BI	THOAY) IF UI	NDER TYEAR IF UNDER 24 HRS
g ed a	7. 011	Female RTHPLACE (STATE OR FOREIGN	Blac	CK WHAT COUNTRY?	11	05 14	1 BALTIMORE CITY O	YRS.	DEATH
funerol dir thin 72 hor d at pace.		OUNTRY)		S.A.	MARRIE	D NEVER MARRIED			
offer des	10. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	WIDOWI NG HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION I	MD.
by the	B	altimore	St.	CHEACHITY, GIVE STREET  Agnes Ho	snit	al	Retired	OF WORKING (IFE)	Nurse
filled in could be must be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU	R OTHER INSTITUTION	136. CITY OR TOWN  Baltim	E ADMISSION) VN	13d. INSIDE CITY LIMITS?		ar Gaø	ve St. 21216
mpletely and 2 sh exomine	14 FA	THER'S NAME FIRST	MIDDLE	LAST:		Selema	(Thornto	n.)	LAST
Poges 11		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN)   1 IF YES, G	RMED FORCES?	166. SOCIAL SECT		Marjorie F	ADDR	SS	21215
is that the death certificate ed by the attending physicis please remove corban paper rial, cremation, or removal. or other troumatic event, the		Conditions, if ony, which gave rise to immediate couse (a), stofting the underlying couse last	DUE TO, C  DUE TO, C    b)  DUE TO, C	DR AS A CONSEQU	ENCE OF		Arrythmi		APPROXIMATE INTERVAL BETIMEEN ONSET AND DEATH
on. hos been sign permit. Then ene prior to bu	CERTIFICATION	PART 2. OTHER SIGNIFICANT	196 CONE	DITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	206 IF YES, W IN CERTIFYIN YES	ERE FINDINGS USED G CAUSES OF DEATH? NO
Sicianing physical ph	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A	MONTH D	7 YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF IN)	RY IN ITEM IS PART	OR PART 2)
the bur and Me	MED	214 INJURY OCCURRED  WHILE NOT WHILE AL WORK	(AT HOME, SI	OF INJURY TREET FACTORY, OFFICE	FARM ETC )	STREET	CITY OR I	NWO	COUNTY STATE
pital or other the TOR. After the for use as the of Health and 21 is marked		22a.1 certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did r	10/17	19	87.	nd that in (my) (our) opinio	n death occurred on the	ote and hour on	87, that (I) (we) lost and from the couses stated
by the hosp NERAL DIRECT be detoched for Stote Dept. of TANT: If them?		22b. SUNATURE  To Physician's NAME (1996	V. /	elge	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		28/17/87
retoined by the TO FUNERAL should be determent with the Store		Louis AMIL	nony S	Alas	Ġ	900 5	CATEN	AVE	
BP	23a B	SURIAL, CREMATION, REMOVA SPECIFY) Burial				EMETERY OR CREMATORY	CITY OR TOWN		OUNTY STATE
M- 16 50M 1/81		JNERAL DIRECTOR	her 10	14/61200	Tout	us Mem Parl	ATE REC'D. BY REGISTRAL	256 REGISTRAF	
(VRA 15, 4)	4.	aw Funeral H	Ome /4	611 Par	k/He:	ghts Ave.	OCT 20 1987	Gulia	Denvis . Kandala

	6	8088 00 STATE REGISTRAR	CT -8 (	87	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTA CATE OF DEATH		REG. NO.	285	1 3
y be death	(TYPE	CE ASED NAME OR PRINT)	FIRST IWa	rd	Tosep	oh [	) ean		DATE OF DEATH M	10-05-87	11 /1 M
nector po	3. SEX	MALE		Caucas	-	S. DATE C	DAY YEA	2/	GE (IN YEARS LAST BIRTH	YRS FUNDER 1 YE.	S HOURS MIN.
	Pe	RTHPLACE (STATE OR F OUNTRY). nnsylvania TY OR TOWN OF DEA	1		d Stat	es WIDOWE	NEVER MARRIED  DIVORCED  R OTHER INSTITUTIO	٥١	_	ore City	MD.
EPA S	B	oftimore			CHEACHTY, GIVE	STREET ADDRESS)	ng Home	LIVE		VORKING LIFE) INDUSTE	Governmen
YLAND 21	Ма	L RESIDENCE (IF NORS TATE TYland THER'S NAME	Balt	imore	Rand	lallstown	15 MOTHER'S MAIDE	X	8510 Churc		21133
BALTIMORE, MAR  cote be executed w  cope fores 1 profile  in the medical executed  in the medical executed execute	1	hn  AS DECEASED EVER		P. MED FORCES?	Dean 166 SOCIAL	SECURITY NO.	Kathe		rance ADDRES		tzgerald
Timos on on on one	ye	S  18 CAUSE OF DEAT PART I. DEATH W	WW		177	-14-1593	8510 Chui	rch La	ne Randa	llstown, M	OXIMATE INTERVAL EN ONSET AND DEATH
DS, 201 W. PRESTON ST	NO	Conditions, if any, gave rise to immouse (a), stating underlying couse	, which mediate ng the lost.	(b)	PR AS A CON	SEQUENCE OF	NETAS TAT			ITION GIVEN IN PART	110
he lawer on the permittee of the permitt	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR W	VHICH OPERATIO	N WAS PERFORMED		OR AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES [	DINGS USED SES OF DEATH? NO
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law or ottending physicion After this certificate has be se as the buriotinasis perm pells and Mental Hygiene prior marked or Hem 18 shows or minimum	MEDICAL CER	210. ACCIDENT WAS UNION CONTRIBUTING TO THE THE MOTE WAS UNION TO THE WAS UNION TO THE	CAUSE OF DEA	21e PLACE (AT HOME ST	.M. MONTH .M. OF INJURY REET, FACTORY, C	DEFICE, FARM, ETC.)	21t. HOW INJURY O	DCCURRED 87	CITY OF TOW	N COUNTY	STATE
TO HOSPITAL OR ATTEN reformed by the hospitol TO FUNERAL DIRECTOR should be detached for us with the State Dept. of He IMPORTANI; if them 21 is		saw the deceas abave. (we) (r 22b. SIGNATURE	Cesta	1) view the body	15	19 8 + . 01	DEGREE ATTEND	ING M	EDICAL STAFF	1/1/1	the causes stoted  ITE SIGNED  THE STATE  TH
PP		URIAL, CREMATION, SPECIFY) Buria	a 1	23b. DATE 10/8/	/87	Lake Vie	emetery or crema	rk	Sykesville	e Carrol	1 MD.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU 87	ineral director 28 Liberty	Lorin y Road	ng Byers l Randa	Funer 11stov	al Direc	tors, Inca 21133	So DATE BE	0 8 1987 R	PEGISTARS SIGN	AREdace



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2000年	300			ld	USA			WIDOW		DIVORCI		Balt	timore	e City	7,	MD
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ADA.	10	1	Balti	imore			on Ave				La	aborer	NO TIPE!	J	J. A. Paf	
AN AN	98-7-		AL RESIDENCE (IF	IN NURSING HOME O	R OTHER INSTITUTION, G	IVE RESIDENCE	OR TOWN	ON)	13d. INSIDE CI	ITV LIMITCS	III. STREE	ET ADDRESS	c		***************************************	
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9 - 00	TE TE AN	14. F	ATHER'S NAME		MIDDLE				15. MOTHE	R'S MAIDE	N NAME	MIDI		<u> </u>	LAST	
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B/23%	30	16s. 1	WAS DECEASED	EVER IN U.S. ARA	MED FORCES?		IAL SECURIT	Y NO.	17 INFORA				ADDRESS	-	/Cu113	
5/5/5/5	198	1	es, no, or unknow	N) (IF YES, GIVE Y	WAR OR DATES)	214-	54-740	8	/Cat	hy Ca	rter	50	14 N	Fulto	on Aven	IIIA
* 80E	1 54			DEATH (Enter onl	ly one cause per line				, out	113 00	il oci	- 50	77 11.	14160	APPROXIMA	TE INTERVAL
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AL E	USED AS A BURIAL - TRA STIT OF HEALTH AND MENTAL HYG RIAL, CREMATION, OR REMO		PART 2 OTHER SIGN	IFICANT CONDITIONS (	(c)CONTRIBUTING TO DEATH	BUT NOT RELA	ITED TO THE TERM	INAL DISEASE	OR CONDITION	N GIVEN IN PAI	PT 1 to				l .	
DIVISION OF VITAL RECORDS, S CRTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" REED TO THE CHIEF MEDICAL	SA	Z	12/4/50													
A DEST	L CAA	CERTIFICATION	196. DATE OF C	PERATION	196 CONDI	TION FOR	WHICH OPER	ATION W.	AS PERFOR	MED?	100	- 1			20 AUTOPS	Y?
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ON ON OTHER	N N N		UNDERLYING	OR CAUSE OF D			DAY YEAR		ubject	took d	ruge					
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S S A R	L DIRECTOR:  1, WITH THE S  MARYLAND,			/11	e of the remains de	1/		Autops		Inspection	٠ ـــا،	Inquiry L	, one	d in my apir	Han	
STEP STEP			death resulted	From Natur	ol courses DJ.	Agriffent	L. Su	icide L.		cide 🔲	Undeter	rmined man	ner 👭,			
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PAGE A	TO FUNERAL DIRECTOR AFTER DEATH, WITH BALTIMORE, MARYL	22. 5	(TYPE OR PRINT	<i>'</i>			<del>-</del>		ADDRESS_		[23d LOC		Daic	O., 140	4. 212	1
	7,4	/30.E	SPECIFY)	ON, REMOVAL 2			NAME OF CE			JKY	CITYO	RTOWN		COUNT		STATE
07/84 BP	17	74 F	Buria UNERAL DIRECTO		10/10/87	K1	ng Memor	id i Par		25e DATE P		indallst	254 DEC I	STRAR'S SIG	CALATAIDE	vld
	H - 17		NAME		ADDRESS		NO. 1/2		-	DOT		1987	Julia	Dandes	m. Kanda	es'
(VR A1	5 ME (5))		viii. C. Mar	Cn F/H Wes	st 4300 Waba	ash ave	anu?			001	10	1307	0			- 6-

DEPARTMENT OF HEALTH AND MENTAL HYDIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 26 HOUR DECEASED NAME (TYPE OR PRINT) 7:50 PM A. October17, 1987 Gertrude Deaver 3 SEX 4 RACE 5. DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) Female White July 2 1895 YEAR 92 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia USA Baltimore City WIDOWEDX 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Home Homemaker (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Maryland General Hospital Baltimore SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Florida Volusia 13d INSIDE CITY LIMITS? 2050 AGSTINGRET Drive NOF 15. MOTHER'S MAIDEN NAME FATHER'S NAME Texas MIDDLE Reilly Bache Annäs John Franklin ADDRESS 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LIF YES, GIVE WAR OR DATES! Same as #13 Otis Bowers no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardio Respiratory Arrest IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Pulomonary Edema Myocardial InFraction Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 5 CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 rked WHILE NOT WHILE 220. I certify that (I) (this hospital) attended the deceased from October 1, sow the deceased glive on October 1, 19 and that in the October saw the deceased alive an obove, **Z** (we) (did) (**XXX**t) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL Oct.17.1987 PHYSICIAN DIRECTOR PHYSICIAN ORTANI 77d PHYSICIAN'S NAME 22e ADDRESS Maryland General Hospital THE NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Parklawn Mem Garden Winston-Salem N. C. STATE (SPECIFY) Burial 210ct1987 Wilhelm Funeral Home BY REGISTRARYS REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Obert DHMH - 16 60M 7/84 Maryland Suitland (VRA 15, 4)

STATE OF MARYLAND

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DETERMINE

TO LET DESCRIPTION OF THE PERSON OF THE PERS

5 168496 OCT 14	87	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	PIENE/ 2 8	3/8			
3 75		CEASED NAME FIRST EORPRINT) LEONORA	L	DEFELICE	20. DATE OF DEATH MONTH	04 87   25. HOUR 12:10p			
ge 4 may actor, pa	3. SE	Female 1	CAU.	5. DATE OF BIRTH MONTH DAY YEAR 28 17	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.  (RS.			
Market To Market	2	(COUNTRY)  MD	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED		more City MO.			
100		BALTO	HE NOTIN SUCH FACHLITY, GIVE STREE	Home	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE	(ING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY			
AND 211	13a. S	AL RESIDENCE (IF NURSING HOME OR OT STATE 13b. COUNTY		TO YES NO [		Tenn Ave			
MARTI		William L	Brick	ETTO LEONORA	L-MIDDLE	CUNEO			
TIMORE to Proper		NAS DECEASED EVER IN U.S. ARME YES, NO OF UNKNOWN)		44	ADDRESS DEFELICE 81				
ST. BAL Conscionations on people removal.		IB CAUSE OF DEATH  Enter only PART I. DEATH WAS CAUSED     IMMEDIATE	BY: DECOIP			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS			
offer of the state		Conditions, if any, which gave rise to immediate  DUE TO, OR AS A CONSEQUENCE OF LUIDG.  DAYS  LUIDG.							
on w. p		cause (a), stating the underlying cause last.		ic giverphalopa:		DAYS			
ORDS, 2 requires or to buy or to buy	TION	PART 2. OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM		N GIVEN IN PART I (a			
TALREC	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		YES NO	CERTIFYING CAUSES OF DEATH?  YES NO NO			
N OF VI	(EDICAL CI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITE	M IS PART I ORPART 2)			
DIVISION DIVISION PMG PHYS After the co cat the bun of the bun the bun the bun the bun the bun the bun	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE			
ATTEND supplet o ECTOR of for use of all these of all these	1	220.1 certify that (4) (this hospital saw the deceased alive an above (6) (del) (did not)	10-4 10	37, and that in (3) (aur) apinion	death occurred on the date and	d have and from the causes stated			
TALOR No. 14th No. 14		PLANTS NAME (TYPE OR P	puro en	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED 10 - 4-87			
O HOSPITAL retained by th TO FundRal thould be def with the Store		FORGE C. SECRI	DIA-LOVIO, MD	220 ADDRESS CHURCH	Mospital				
,BP		Durial	23h. DATE 231.	HAME OF GEMETERY OR CREMATORY	Bolte	COUNTY MARIE			
DHMH - 16 50M 1/81 (VRA 15, 4)	B	PERAL DIRECTOR DELLE	Now 322	Stight 1 250 DA	1 1 2 4 1 1 2 1	EGISTRAR'S SIGNATURE			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH 7h HOUR DECEASED NAME (TYPE OR PRINT) 10/5/87 6:35p DeFontes В. Anna m. AGE LIN YEARS LAST BIRTHDAY IF UNDER TYEAR 4 RACE 5 DATE OF BIRTH 3 SEX YEAR 12-24-06 **FEmale** White BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Baltimore, MD. Baltimore City U.S.A. WIDOWED [ DIVORCED [ 120. USUAL OCCUPATION ME CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR Home Maker (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Church Hospital USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e. STREET ADDRESS 136. COUNTY Baltimore 134. INSIDE CITY LIMITS? 904 N. Streeper St.-21205 YES (X) 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST Tenri Andrew Tomich Pilny ADDRESS 14e WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT 215-60-2262 LEonard P. DeFontes- 904 N. Streeper St. 21205 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DE ATH WAS CAUSED BY Respiratory insufficiency IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Large Cell Undifferential CA Thyroid Canditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 9/18/87 Thyroid Cancer NOX 216 TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I ORPART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE FITHER NOTHY MEDICAL EXAMINERS 21f LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 87, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated the deceased alive an\_ DEGREE 22c DATE SIGNED 226 SIGNATURE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Broadway, Church Hospital Dr. Jack Zimmerman 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236, DATE STATE Burial 10 - 8 - 87Holv REdeemer Cem. Baltimore, Maryland 250, DATE REC'D. BY REGISTRARI256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) John C. Miller, Inc.-6415 Belair Road-21206

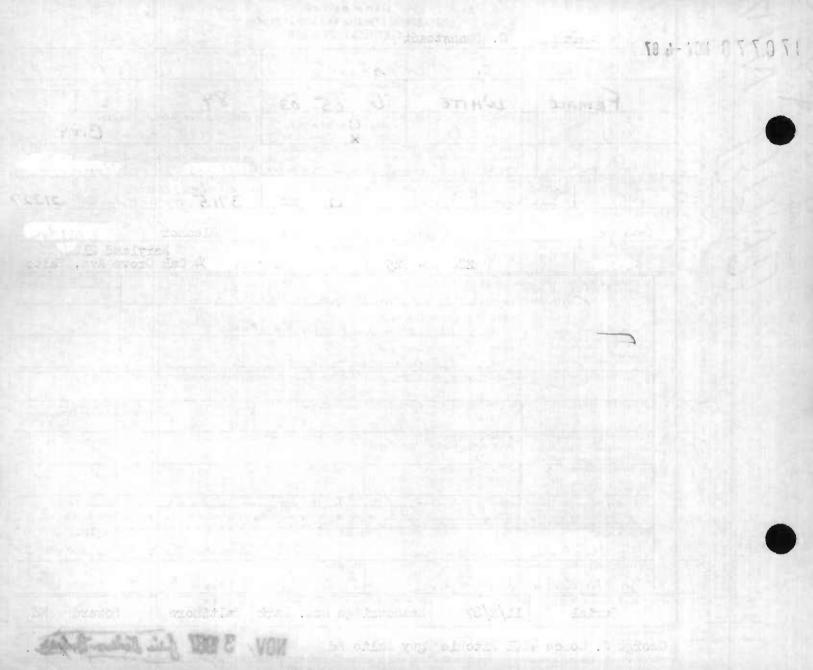
DHMH - 16 60M 7/84 (VRA 15, 4) SOL LEVINSON & BROS.
6010 REISTERSTOWN RD. BALTO., MD. (21215)

OCT 3 0 1987

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TROP 8 1 1JU

(VRA 15, 4)



BALTIMORE  6200 ODELL AVE. APT. 1502  UNEMPLOYEBRE INDUSTRY  MD  IS STATE  INDUSTRY  MD  INDUSTRY  IS CITY OR TOWN  BALTIMORE  IS MOTHER'S MADE IN MODILE  RANDOLPH  IS MODILE  RANDOLPH  IS MODILE  RANDOLPH  IS MODILE  IS MOTHER'S MADEN NAME  IN MODILE  IS MOTHER'S MADEN NAME  IS MOTHER'S MADEN NAME  IN MODILE  IS MOTHER'S MADEN NAME  IN MODILE  IN PARTICULATION  I	
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BALTIMORE  6200 ODELL AVE. APT. 1502  UNEMPLOYED TO DESCRIPTION OF COMPLIANCE OF COLOR INDUSTRY  DEUAL RESIDENCE IS NURSING HOME OF CITER INSTITUTION OF RESIDENCE SEFORE ADMISSION)  136 STATE  1136 COUNTY  BALTIMORE  137 INSTITUTION  138 INSIDE CITY LIMITS?  YESSEX NO DESCRIPTION OF COUNTY  BALTIMORE  15 MOTHER'S MAIDEN NAME  RANDOLPH  168 WAS DECEASED EVER IN U.S. ARMED FORCES?  169 DENT  169 WAS DECEASED EVER IN U.S. ARMED FORCES?  169 SOCIAL SECURITY NO.  219 - 01 - 9089  RITA HARDY 2029  SINCLAIR LANE  180 CAUSE OF DEATH LENTER ONly one couse per line for 101 (b), and ic.)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost.  179 DATE OF OPERATION  189 CONDITION FOR WHICH OPERATION WAS PERFORMED  170 ACCIDENT WAS UNDERLYING  171 OR COMPRISING CAUSE OF DEATH  HOUR AM. MONTH DAY YEAR  171 OR COMPRISING CAUSE OF DEATH  HOUR AM. MONTH DAY YEAR  171 OR COMPRISING CAUSE OF DEATH  HOUR AM. MONTH DAY YEAR  171 OR COMPRISING CAUSE OF DEATH  HOUR AM. MONTH DAY YEAR  171 OR COMPRISING IN MAS UNDERLYING  171 OR COMPRISIONED  172 OR COMPRISIONED  173 NOT THE COMPRISION OF THE NATURE OF MAJURY IN 115 M 18 PART I OR PART 2)  174 NOT THE NATURE OF MAJURE OF MAJURY IN 115 M 18 PART I OR PART 2)  175 NOT THE NATURE OF MAJURE OF MAJURY IN 115 M 18 PART I OR PART 2)  175 NOT THE NATURE OF MAJURE OF MAJURY IN 115 M 18 PART I OR PART 2)	V .
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RANDOLPH  RANDOLPH  BIG. WAS DECEASED EVER IN U.S. ARMED FORCES?  166 SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS  219-01-9089 RITA HARDY 2029 SINCLAIR LANE  18 CAUSE OF DEATH lenter only one couse per line for 101, (b), and (c)  PART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o1, storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.  180 DATE OF OPERATION  180 CONDITION FOR WHICH OPERATION WAS PERFORMED  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DAY YEAR  2116, ACCIDENT WAS UNDERLYING OR CONDITION FOR WHICH OPERATION WAS PERFORMED  216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DAY YEAR  2176, ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO ANY YEAR  218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO ANY YEAR  219 DENT FRÂNCES  SOMMÉ  1710, ACCIDENT WAS DECEASED EVER IN JURY OF INJURY OF INJURY IN HEM 18 PART I OR PART 2)  1710, ACCIDENT WAS UNDERLYING OR CONTRIBUTION DAY YEAR  218, ACCIDENT WAS UNDERLYING OR CONTRIBUTION DAY YEAR  219 DENT FRÂNCES  SOMMÉ  1710, ACCIDENT WAS UNDERLYING OR CONTRIBUTION DAY YEAR  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTION DAY YEAR  2110, ACCIDENT WAS UNDERLYING OR CONTRIBUTION DAY YEAR  2111, ACCIDENT WAS UNDERLYING OR CONTRIBUTION DAY YEAR  2111, ACCIDENT WAS UNDERLYING OR CONTRIBUTION DAY YEAR  2112, ACCIDENT WAS UNDERLYING OR CONTRIBUTION DAY YEAR  2113, ACCIDENT WAS UNDERLYING OR CONTRIBUTED O	21502
STITE   PART 1. DEATH IENTER ONLY ONE COUSE PER LINE (C)   CONDITION FOR WHICH OPERATION WAS PERFORMED   196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2.)	RSVIL
PART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210, ACCIDENT WAS UNDERLYING   210, TIME OF INJURY HOUR A.M. MONTH DAY YEAR  211, ACCIDENT WAS UNDERLYING   2110, TIME OF INJURY HOUR A.M. MONTH DAY YEAR  211, ACCIDENT WAS UNDERLYING   CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	2121
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
W. C.	
210 INJURY OCCURRED  210 INJURY OCCURRED  210 INJURY (AT HOME, STREET FACTORY, OFFICE FARM, ETC.)  211 LOCATION STREET  CITY OR TOWN  COUNTY  212 Location  COUNTY  213 Location  COUNTY  214 Location  COUNTY  215 Location  COUNTY  216 Location  COUNTY  217 Location  COUNTY  218 Location  COUNTY  219 Location  COUNTY  210 Location  COUNTY  CO	STATE
Sow the deceased alive on obove, (I) (we) (did not) view the body after death.  DEGREE  226 DATE  226 DATE	SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	14/87
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION	( )
BPBURIAL 10/19/87 ARBUTUS MEM PK CEM ARBUTUS	CM.
DHMH - 16 60M 7/84  (VRA 15, 4)  DHMH - 16 60M 7/84  WM. C MARCH F/H. INC. 1101 ADDRESS NORTH AVENUE  23. DATE REC'D BY REGISTRAR 25H REGISTRA	RE

## FOR STATE 3 SEX

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 2b. HOUR TTYPE OR PRINTS FRANK DEPPISH 415 98 OCT 4 RACE & AGE TIN YEARS LAST BIRTHDAYS 5 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HR MONTH DAY YEAR male CAUCASIAN Mar 26 1903 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY himore Md. WIDOWEDY USA DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR IF NOT IN SUCH EACHITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY FRANCIS SCUTT Baltimore KEY Medical RETINED 13e STREET ADDRESS / ZIP CODE 3520 DUNHAVEN RUMO 21222 Winner DUNDAI MARYLAND NO [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Magdalena Frank Μ. Deppish Hasenie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 215-05-5220 Russell Deppish 3520 Dunhaven Road 21222 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ich PART I. DE ATH WAS CAUSED BY: ANOXIC ENCEPHALOPATHY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which CARDINE AnnesT gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last Aprenioselevotic approvoyeculor grease CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOW 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART + OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, EARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE CLOUBETL October 18 1087 22a.1 certify that (1) (this hospital) attended the deceased from\_\_\_ October 18 87 saw the deceased alive an and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated abave ((1) we) (did) (did got) view the bady after death. 226 SIGNATURE DEGREE 22c DATE SIGNED relinean Mi PHYSICIAN DIRECTOR PHYSICIAN P 224 PHYSICIAN'S NAME ITYPE OF PRINT EASTERN AVE, BALLIMORE MU KICHARD W TREEMAN MO 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, REMOVAL 23b DATE 23d. LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

10/21/87

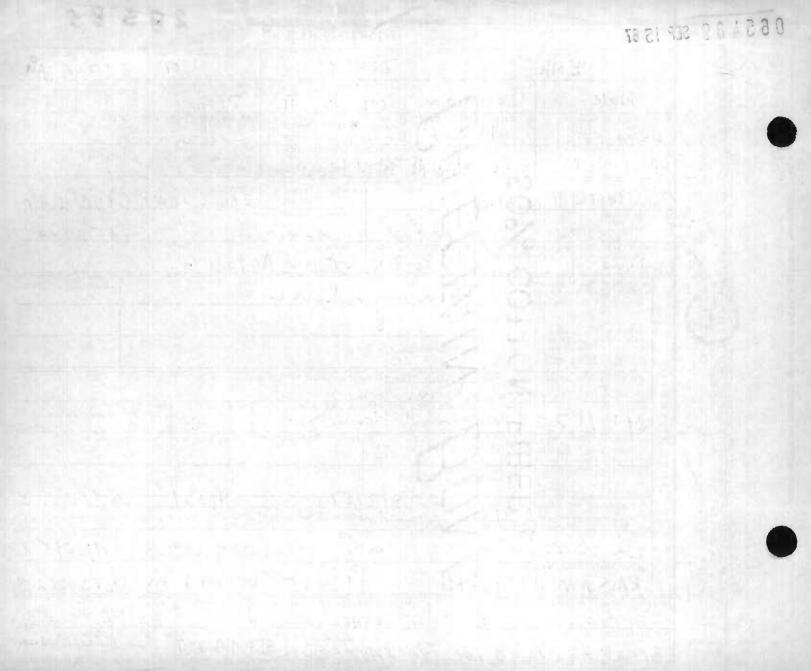
Oak Lawn Cemetery

Baltimore Maryland

COUNTY

24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Connelly Funeral Home of Dundalk Julia Division Portice

STATE OF MARYLAND 65489 SEP1 5 87 TRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) EMIL DEREY 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Male DAYS HENDES Ukranian YEAR 15 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED UKRAINE DIVORCED WIDOWED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) IMO USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE NO Q I. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST **EIRST** MIDDLE JOSE MARIA ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) HE YES GIVE WAR OR DATES! Marsh 18 CAUSE OF DEATH (Enter only one cause per-kee for (a), (b), and (c),) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 10m041 aw and low WE NON YES [ NO [ ACCIDENT WAS UNDERLYING 21c HOW IMJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME STREET FACTORY OFFICE FARM STC I STREET P NOT WHILE 22s I certify that (1) (this hospital) attended the deceased from the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIANO MPORTANT ould be out 224 PHYSICIAN'S NAME INPEORPRINT 22e ADDRESS 0 230 SURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE CITY OR TOWN BP. ST. MICHAEL UKR. CED 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Julia Dioidion. (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIFNE A GISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 2g. DATE KNOWN X (TYPE OR PRINT) OF R. Deshong 1087 Harold DEATH MATED 10 4. RACE S. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 24 HOUR 5:34A LAST BIRTHDAY PRONOUNCED White DEAD 10 5 187 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA Baltimore City WIDOWED DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Truck Driver OR INDUSTRY Trucking Baltimore (STU) University Hopsital DUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI | 13d INSIDE (ITY LIMITS? | 130 STREET ADDRESS | No | 13061 Main St. II. STATE t. Loudon Franklin LATHER'S NAME IS MOTHER'S MAIDEN NAME Ray Deshong Lucy Carbaugh 17. INFORMANT 146 SOCIAL SECURITY NO 1306 Iss Main St. WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) Janet Deshong (IF YES, GIVE WAR OR DATES) 211-26-7135 Ft. Loudon, Pa. 17224 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Head injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING TOR Driver of tractor-trailer that overturned 10 5 10 87 1:06 XX CONTRIBUTING | CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY - (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK road Rt.81 ramp to I-70, Hagerstown, Washington, MD. Autopsy X 220 I certify that I took charge of the remains described above, held a Inspection Inquiry and in my opinion death resulted from Homicide Undetermined monner Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 10/5/87 SIGNATURE. EXAMINER'S NAME Mario F. Golle, Jr, M.D. ADDRESS 111 Penn St. Balto.MD. 230 BURIAL CREMATION, REMOVAL 236 DATE 10/9/87 Upton Brethren Cem. Peters Twp., Franklin Co. 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO was Desider & Mercersburg. Pa. (VR A15 ME (5))

**8** S S L L 8 OCT 29 67 .to nime Tool x nobool. The nimeter .so E. Francis Lucy eln-su-[lgs James Deckons 1.602 Mile St. 220]

Brief al 10/9/87 Stron Brothron Sc.. Pibers Jup., Nr. metta Co. The process of the second of t

68152 OCT	9 67 TATE REGISTRAR	STATE OF MA DEPARTMENT OF HEALTH A CERTIFICATE	ND MENTAL HYPIENE	2 8 2 g
	1. DECEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH	
poge 3	(TYPE OR PRINT) PAUL	INE R. Denkin	AN 10/3/8	11:15 pm
ge 4 may ector, pag	3. SEX FEMALE	4. RACE S. DATE OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)  IF UNDER I YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.
Oth. Post	70. BIRTHPLACE (STATE ORFOREIGN COUNTRY) PENNSYLVANIA	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NE	VER MARRIED 3 BALTIMORE CITY	OR COUNTY OF DEATH  Y, BALTO. MD.
by the funding de within	10. CITY OR TOWN OF DEATH  BATT MARK	11. NAME OF HOSPITAL, NURSING HOME OR OTHER  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  STUDEN MUSP (TRUE)		ATION 126 KIND OF BUSINESS OR
212	USUAL RESIDENCE (IF NURSING HOME C 130 STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	IDE CITY LIMITS? 13e STREET ADDRES	7.DE 200
MARYLAND red within 24 mpletely filler and 2 should exprime mus	14 FATHER'S NAME FIRST ISAAC	MIDDLE LAST DRUKMAN 15. MOT	HER'S MAIDEN NAME FIRST MIDDLE CECELIA	BIEGER
BALTIMORE,	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)   I IF YES, G	IVE WAR OR DATES)	ORMANT MRS.SYLV1A L6 GREENSPRING AVE	
es that the death certificate that the death certificate the piles is many a safe of the piles is many a safe of the find immers.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  .  DNDITION GIVEN IN PART LID
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requir or thending physician.  ther this certificate has been at as the burial-transit permit. The th and Membal Hygiene prior it and membal Hygiene prior it and an Item 18 shows any inter orked or Item 18 shows any inter-	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 200 AUTOPSY?  YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
A OF VITA  SICIAN: Ti ng physici certificate rial-transit ental Hygi	OR CONTROLLING CAUSE OF O	EATH HOUR A.M. MONTH DAY YEAR P.M. 19	W INJURY OCCURRED (ENTER NATURE OF IN	NURY IN ITEM TO PART I OR PART ?)
NVISION  VG PHY  attendis  frer this  sthe bus  th and M  h and M	THE THER NOTIFY MEDICAL EXAMIN OF THE THER NOTIFY MEDICAL EXAMIN OF THE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CATION STREET CITY OF	TOWN COUNTY STATE
ENDI fal or DR. A Prose	22a. I certify that (1) (his has saw the deceased alive a above, (1) (we) (and D) did n	ortal oftended the deceased from \(   27  \qu	(my) opinion death accurred on the	date and hour and from the causes stated
by the hospital OR ATT OR ATT OR ATT OR ATT OR ERAL DIRECT E detoched for Store Dept of Mart. If hem 2	276. SIGNATURE  J. POSONUL  224 PHYSICIAN'S NAME (TYPE	DEGREE MA.	PHYSICIAN DIRECTOR PHY	TAFF SICIAN 16/3/87
TO HOSPITAL eto ined by the TO FUNERAL should be det with the Store	THOMAS	ROIENTHAN	SIWA MORPITA	n Smorman
BP	230. BURIAL, CREMATION, REMOVA BURIAL	236 NAME OF CEMETERY OCT.6,1987 HEBREW FRI	ENDSHIP BALT	IMORE MARYLAND
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 FUNERAL DIRECTOR SC NAME STERSTON	L LEVINSON & BROS., INC. IN RD. BALTO., MD 21215	0CT 0 8 1987	AR 25b. REGISTRAR'S SIGNATURE

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Transfer to the Appropriate

OLOS NOV-	26	FOR STATE EGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. NO		<b>3</b>
0 1 0 0 1101	T. DEC	EASED NAME FIRST	MIDDLE		A51	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
1 15		Robert	L.	DEMI	TT	ou.	27,87	8135
ge 4 ma ector p	3. SE)	Male	1 RACE Black	5. DATE C	DAY YEAR 27	6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEAR  MONTHS DAYS  YRS.	HOURS MIN.
4 10 10 M		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT CO	OUNTRY? 8 MARRIEI WIDOWE	NEVER MARRIED	12-11	RCOUNTY OF DEATH	Z3 M
W 155	Res	OR TOWN OF DEATH	11. NAME OF HOSPITAL	GIVE STREET ADDRESS)	A . A.I.	120 USUAL OCCUPATI	ON 126 KIND C	MCARALLE
St. Market	HSUA 13a.5	TATE 136 COU	ROTHER INSTITUTION GIVE RESID		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE Z	1215 200d
4 400	14. FA	THER'S NAME	MIDDLE	(AST mith)	15. MOTHER'S MAIDEN N		De W	14
Popel Col		VAS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIVE WAR OR DATES)	CIAL SECURITY NO.	TOUCE DE	With 33		te Rol
low requires that the decinition is been signed by the other mind. Then please remove a prior to buriol, cremation of a prior to buriol, cremation of a prior to other traus.	IFICATION	Conditions, if any, which gove rise to immediate couse tol, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	J. Con			MINAL DISEASE OR CON	DITION GIVEN IN PART IN 200. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS USED
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070050 000		REGISTRAR	MEDIC	AL EXAMINI	ER'S CERTIFI	ICATE OF DE	ATH REG	S. NO.		
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TON ST 24 HOUR ITEM 18. LONG W PERMIT. GIENE, D		PART I DEATH WAS CAUSED	y one couse per line for (a	), (b), ond (c).)				1	APPROXIMATE BETWEEN ONSE	INTERVAL LAND DEATH
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A ALTICA		(TYPE OR PRINT) DET	nis F. Smytl	n, M.D.	ADDRESS_	111 Pen	n St.	Bal	to.MD.	
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PARTIMORE, MARYLAND, 2	23a.B	URIAL, CREMATION, REMOVAL 23	b DATE	3c. DHIME OF CEM	TERY OR CREMATO	ORY 1/1 23d.	LOCATION	,	- /	
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DHMH - 17	11	NAME OF 1	ADDRESS /	1 7/	1 .	250. DATE REC'D. I	DI REGISTRAR 1750. R	EGISTRAR'S SIG	And the same	-
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 070722 NOV CERTIFICATE OF DEATH REG NO 20 DATE OF DEATH 1. DECEASED NAME MONTH YEAR 26 HOUR CHE CHIMINS ROBERT M-DIBARTOLOMEO OCTOBER 30. 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3.5EX 5 DATE OF BIRTH IF UNDER 1 YEAR YEAR BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? Marylan WIDOWED DIVORCED [ BALTIMORE CITY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVEN TOPHNS HOPKINS HOSPITAL INDUSTRY BALTIMORE CHARDSON ontractor SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 136 COUNTY 13L-CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS /\_ZIP CODE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT TYES, NO OR UNKNOWN) HE YES. GIVE WAR OR DATES! 1216-32-726/ Bonnie 5 DiBartolomeo 3012 PER 18 CAUSE OF DEATH (Enter only one couse per line for Io), (b), and (c).)
PART I. DEATH WAS CAUSED BY: CARDIAC ARREST Lune & IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF Canditions, if any, which DILATED CARDIOMYOPATHY gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG FICATE 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d IN JURY OCCURRED 71e PLACE OF INJURY 71L LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OF TOWN NOT WHILE 8/86 220 I certify that (1) this haspital) attended the deceased fram saw the deceased alive on 10/29 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did nat) view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN + DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LTYPE OF PRINT 22e ADDRESS ARTHUR M. FELDMAN HALSTEAD 500 JOHNS HOPKINS HOSPITAL 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION 236 DATE COUNTY STATE DHMH - 16 60M 7/84 (VRA 15, 4)

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ARTMENT OF HEALTH AND MENTALHYGIENE - STATE REG. NO 20. DATE KNOWN TYPE OR PRINTI OF ESTI-DEATH MATED 27 19 87 10 JAMES Ti-DICKIE 4 RACE IF UNDER 1 YR. 2d HOUR AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 6:04 DEAD Apr.3,1898 89 YRS 10 27 1987 Male Cauca. BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U. S. A. WIDOWED X DIVORCED [] Baltimore City Scotland LE CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Bridge Constr. Construct. Baltimore University Hospital HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI ISUAL RESIDENCE HEIN NUT COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 700 Market St. 21629 Caroline Denton YES X Marvland 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Dickie Lamont Elizabeth Jane John 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Elizabeth Brown, Dover, Delaware 152102255 APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Chest injuries with complications DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21a EXTERNAL CAUSE WAS 16. TIME OF INJURY
HOUR AND MONTH DAY YEAR TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING CONTRIBUTING TICAUSE OF DEATH 1:35 M 10-5-Driver of auto/truck collision. 21e PLACE OF INJURY CATHOME 21f LOCATION WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STATE 328 & Rt. 404, Denton, Caroline MD road thurge of the regions described above, held an 22a | certify that I Autapsy Inquiry and in my apinian dent X Hamicide Undetermined manner death resulted fram Suicide TITLE (SPECIFY) GE 4 ST. ACTUAL M. Assistant 10 - 27 - 87MEDICAL EXAMINER SIGNATURE Charles P. Kokes, M.D. EXAMINER'S NAME 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 73c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Denton Cemetery Denton Caroline Buria1 10/30/87 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Moore Funeral Home, 12 S2nd St. Denton (VR A15 ME (5))

STATE OF MARYLAND



68121	OCT -	b 167	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	nd, I de
2 75	1,2		EASED NAME FIRST	S Dennis	Dickson	20 DATE OF DEATH MONTH	1987 920 A
pe 4 may schor, po		1. SE N	ale	White	5. DATE OF BIRTH  MONTH  February \$ 979		IF UNDER 1 YEAR IF UNDER 24 HRS
Mercel den	69	7a. B.	THPLACE ISTANION FOR KI	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIED   NEYER MARRIED   WIDOWED   DIVORCED   X	9. BALTIMORE CITY OR COUNTY	OF DEATH MD.
S To	43	Di	ALTIMORES	II. NAME OF HOSPITAL, NU	URSING HOME OR OTHER INSTITUTION  WORLD GROWN THE CONTROL OF THE C	120 USUAL OCCLIPATION (TYPE O CONTROL OR LINE) OF TAKE	
AND 212	35	efSU 13a	TATE 131 COL	A		13e STREET ADDRESS / 7IP CODE 102 Governor's Co	Apt K
MARYLA ed within	12	0	Robert	MIDDLE DICK	SON, ST. MARIEN N		Zociac
MORE,		16a N	VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, &	NOT ALL OF THE PARTY.	security No. 17 INFORMANT (So 6.6272 Dennis J. Di	n) 1711 Richar ckson Westministe	dsosn Road r, Md 21157
T. SALT	movel.			inly one couse per line for (a) (1) ED BY:	ESPICATORY FO	eifere.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death cer death cer attending ces corbs	death cer attending over corbs	200	Conditions, if any, which	DUE TO, OR AS A CONS	Melastahe Chil	ausiocorcinon	ia
ther the	or other t		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF LEGISTICS	Sepsis.	
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ALREC The law con.	1	RTIFICA	IN UNTE OF OPERATION		HICH OPERATION WAS PERFORMED	YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH?  NO
VOF VIT SICIAN. 19 Physics certifical rigidation	in and	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 P)	ART 1 OR PART 2)
NG Per offendings ther this	orked or	MED	21d. INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI upital or CTOR. A	21 ls m		saw the deceased alive o	outal) attended the deceased from 10/7/ ot) view the body after death.	Cert 1	n death occurred on the date and hour	ond from the couses stated
AL OR AL DIRE	ote Dept		276 SIGNATURE	al Cara	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/6/87
O HOSPIT normed by O FUNER	WPORTAL		1770 PHYSICIAN'S NAME (TYPE	CAZA	12001 S	with Honorest,	BALT. NOZIZ
BP	_	В	Burial, Cremation, Remova SPECIEVI Urial		234 NAME OF CEMETERY OR CREMATORY Glen Haven Mem. Pk.	CITY OR TOWN	A. Maryland
DHMH - 16 60 {VRA 15,		24 F	INERAL DIRECTOR NAME	Home, Glen B	ournie, Md. 21061 00	T 8 1987 PEGISTRAR 256 REGISTI	PAR S SIGNA RIDE dass

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IMPORTANT: If Item 21 is marked or Item 18 sho

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DHMH - 16 60M 7/84 (VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE REGISTRAR	Di		EALTH AND MENTAL HYG	REG. NO	3/ <b>5</b> 0 43/	
	PE OR PRINT!	Beatrice 1	Diggs D	1945		MONTH DAY YEAR 10 11 87	2b. HOUR 7
1	EMALE	Black	S. DATE C		6 AGE (IN YEARS LAST BIR	WONTHS DAYS	
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Md.	76 CITIZEN OF WHAT COL	MARRIE	M-st	City	R COUNTY OF DEATH	MD.
	CITY OR TOWN OF DEATH  Baltimore		COURS	DR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		OF BUSINESS OR
130	UAL RESIDENCE HE NURSING HOME OF STATE 134 600	NTY 13c CITY (	ice before admission) OR TOWN imore	YES NO		zip code ntalou St.	21216
	FATHER'S NAME FIRST Will	Rich	AST	15 MOTHER'S MAIDEN NA FIRST Ann	ie Ri	ch	AST
160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)		al security No.	17 INFORMANT Arva Jones	1007 N. Be	ntalou St. 2	21216
CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OCE A CA	NG TO DEATH BUT		AINAL DISEASE OR CON  200 AUTOPSY?  YES NOTE	DITION GIVEN IN PART 1  206. IF YES, WERE FIND IN CERTIFYING CAUSE YES  YES	INGS USED
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCCUR		RY IN ITEM 18 PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hasp sow the deceased alive a	21e PLACE OF INJURY (AT HOME STREET FACTORY pital) attended by deceased att view the body after deat	COFFICE, FARM, ETC	211 LOCATION STREET  10 and that in (my) (our) opinion  DEGREE ATTENDING PHYSICIAN  22e ADDRESS	death occurred on the do	19 Tate and hour and from the	state , that (I) (we) last e couses stated SSIGNED
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	BURIAL, CREMATION, MEMOVA  SPECIFY  Burial  FUNERAL DIRECTOR	10/16/87			236 LOCATION CUTY OR TOWN Catonsv		
14	FSMED Fun. Hor	ne 1300 Futat	APRETO 1	250 00	7987 O 271	256 REGISTRAP SAIGNA	Ul Bandaes

STATE OF MARYLAND

(VRA 15, 4)

9744 OCT	28 B	7 FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	3 4.1
R.	1 D	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
1 mt	1	JI	MMY LEE	DIXON	10	19 87 N
1	3 5	EX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR IF UNDER 24 HRS
8 90 0		MALE	BLACK	1 7 50	37 YRS	
2 22 101	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	
Jan 7		NC	USA	WIDOWED TO DIVORCED	BALTIMORE CIT	
1 17/	) 10	BALTIMORE	( a real in social retail, one si	RSING HOME OR OTHER INSTRUMENT APT. REET ADDRESS)  ITTH STREET 1J.	(TYPE OF WORK FOR MOST OF WORKING LIFE) UNEMPLOYED	126 KIND OF BUSINESS OR INDUSTRY N/A
2 15 2	130	UAL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)	13e STREET ADDRESS / ZIP CODE	21202
ス 直管 ま	6	MD	BALTI		130 N. AISQUI	TH ST. APT
175	14.1	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
1 11 9	(1)	WARREN	HADA			DIXON
147		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SI	ECURITY NO. 17 INFORMANT	ADDRESS HOO	KERTON, NC
# 50 H	7	NO		0-0672A FANNIE DI	XON RT 1 BOX 1	18
open of the open o		18 CAUSE OF DEATH (Enter	anly one cause per fine far (a), (b), SED BY:	and ice		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
of page			ATE CAUSE (0) ARRY	THMIA	4	10 MINUTES
20 CO		Conditions, if ony, which	DUE TO, OR AS A CONSE	QUENCE OF		STRS
to the second of contract of the second of t		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	PERTENSION		lorrs.
an pled in ple	-		T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	ainal disease or condition give	N IN PART 110
4 4 2 5	2 2	FUD	STACE KEN	AL FAILURE		
he lo- on. hos be t permi	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED 'ING CAUSES OF DEATH?
hysici icote ronsi Hyge 18 sh	T E	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DAY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
SICIA certific mol-tr frem	1 3	(IF EITHER NOTIFY MEDICAL EXAMIN		19		
o A Day	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
or offer the eos the olth one morked	/   <sup>2</sup>	AT WORK AT WORK				0.3
NDIE NO I OI NO I OI N			spital) ottended the deceased fro	0 / •	7.,10 10113	9 4 / that (It (we) lost
TTE porto CTO for of h		saw the deceased alive obove, (1) (we) (did) (did	not) view the bady ofter death.	9, ond that in (my) (our) opinion	death accurred an the date and have	and fram the couses stated
or A birthed bept Frem		226. SIGNATURE		DEGREE		220 DATE SIGNED
- 0 -		Vaul	CJ cyn mn	PHYSICIAN	DIRECTOR PHYSICIAN	
HOSPITAL TO FUNERAL TOUGH be det THE Stote TOORTANT:		224 PHYSICIAN'S NAME (TYP	P(R)	9 E. CH	ASE ST. BAL	T 21202
TO F should	23a	BURIAL, CREMATION, REMOV.	AL 23b. DATE 2	36 NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		(SPECIFY)			FARMSVILLE	COUNTY STATE
		BURIAL FUNERAL DIRECTOR		CHURCH CEMETERY	TE REC TO BY PROTYTRAR 254 REGISTA	
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME	ADDRE	ss	1 20 1301	100
(400 15, 4)	-	WM, C, MARCH	F/H 1101 E.	NORTH AVENUE		

may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6 10	9	0	
REG. NO.	100		

1-	REGISTRAR		ČEKII	FICATE OF DEATH	REG. N	O.	8
	CEASED NAME FIRST		MIDDLE	LAST	20. DATE OF DEATH		2b. HOUR
(-TYP)	Edith		R. Does	cr	10 -	28-87	4:35 8
3. SE	x	4 RACE	5. DATE	OF BIRTH		RTHDAY) IF UNDER THE	
- 1	Fe	Whi	the "	DAY YEAR	69	YRS.	S HOURS MIN.
Pt. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
B	Alto, Md.	USA	MARR		- Ba	It Cit	MD.
10 C	BOLTINGE		HOSPITAL, NURSING HOME HEACHITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (Type of work for most of Housewif	OF WORKING LIFE) INDUSTR	home
USU 13a	AL RESIDENCE (IF NURSING HOME C STATE 136 COU		Bayer Town	134 INSIDE CITY LIMITS?	13 STEET APPRESS	éhwood	1924
14 F	ATHER'S NAME	WIDDIE	LAST	15 MOTHER'S MAIDEN NA	AME		LACT
1	Joseph	Mode	Russo	Helena	MIDDLE	Mazza	gatti
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDR	ESS 21	224
	YES NOOR UNKNOWN) (IF YES G	VE WAR OR DATES)	218-05-6849	Brenda Gr	eenfield 2		ev St
	PART I. DEATH WAS CAUS IMMEDIA  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, O	R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  MANAGEMENT AND TRIBUTING TO DEATH BUTTER		TB minal Disease OR CON	IDITION GIVEN IN PART	lia .
o N	hx of C	HF	, Menio	Le ()3			
CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINING CAUS	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DAY YEAR	21c HOW INJURY OCCUP			
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY JEET, FACTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	OMN CONNIA	STATE
	220. I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n 22b. SIGNATURE	at) view the bady	L8 19 87	DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL STA	22c. DA	_, that (I) (we) last he causes stated TE SIGNED
	BURIAL, CREMATION, REMOVA	236. DATE		CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN R91+0	COUNTY	STAN

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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John A. N

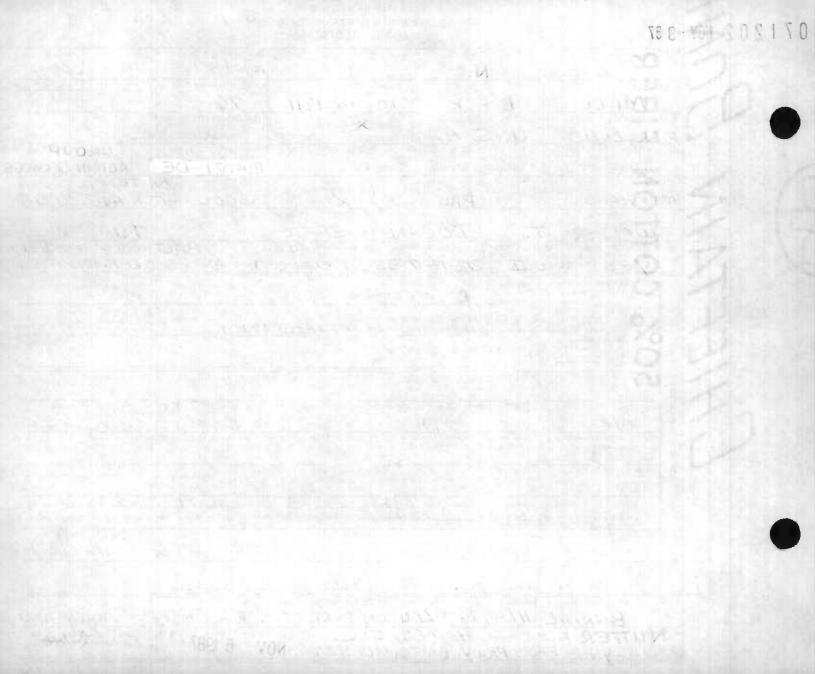
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1987 PART 25 MEUSTHAR'S SIGNATURE

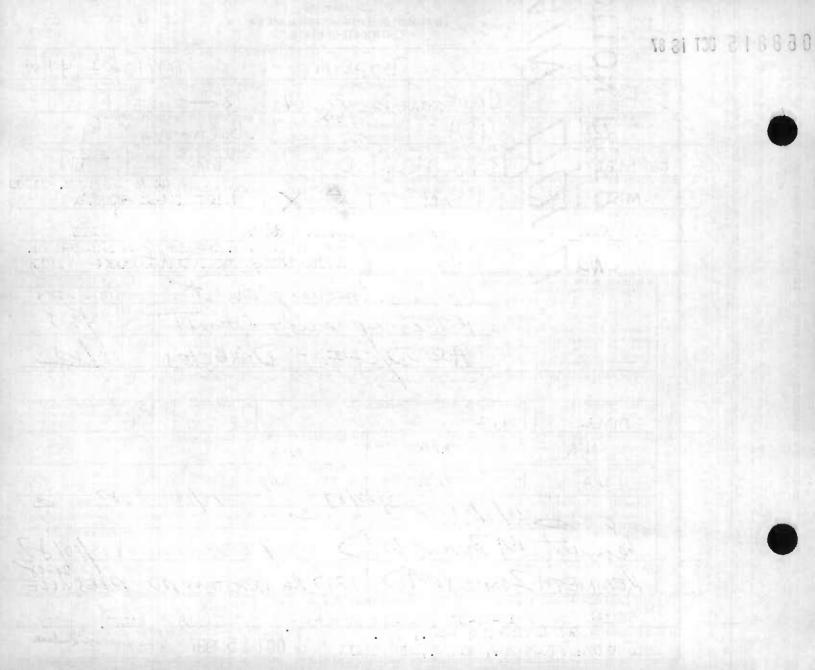
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1202 NOV	-9	FOR FATE REGISTRAR	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIEN 7 2	8 5 9 9
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be age 3 Jeoth	(TYP)	Alexander	N.	Dogan	10/29/87	0200Am
mo)	3 SE	X	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		MALE	BLACK	10 16 1911	76 YRS.	DATE TOOKS MIN.
2 Po de 2 D		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
deot deot		ARYLAND	4. S. A.	WIDOWED DIVORCED	Baltimore C:	
by the filled with	10 C	Baltimore	HE NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) CIAL HOSPITAL	12a USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORKING LI	ADMIN SERVICE
24 hou auld be mast be	13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	TY 13c CITY OF		13. STREET ADDRESS / ZIPCOD	N AVE. 21215
thin thin iner		ATHER'S NAME	1-12/14	15 MOTHER'S MAIDEN N	AME	NAVC. 2210
omple omple ond		WALTER	T. DO	GAN EFFIC	MIDDLE	TURNER MORE, MD. 2121
and bud			WAR OR DATES)	SECURITY NO. 17 INFORMANT MR.	S. ABALTII	more, mo. 2/2/
rs. Pe		YES WILL		8-7833 E. FLORENC	E DOGAN 3300	
hysic pape laval.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng p bon		IMMEDIATI	CAUSE (o)	PIRATORY ARRE	51	
tendi re co on, a umat		Canditions, if any, which	DUE TO, OR AS A CON-		PATHY	
he at emov matri		gove rise to immediate cause (a), stating the		924	HI II	
by tose r		underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF		
signed hen ple ta buria	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GI	VEN IN PART 110
been mit. Il	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	WHICH OPERATION WAS PERFORMED		S, WERE FINDINGS USED
hos hos	FIE	NIA	N	IA		FYING CAUSES OF DEATH?
SICIAN. The physical certificate prol-transit ental Hygin term 18 shall be pro-		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	10	H DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM TB	PART I OR PART 2)
G PHYSI of PHYSI of the burn and Merical Merical of the burn wed on the	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
or or see or see of the more		220.1 certify that (I) (this haspit	al) attended the deceased t	from 10128 19.8	7 ,10 10/29	19 8 7, that (l) (we) last
pridal pridal pridal for u		saw the deceased alive on abave, (1) (we) (did) (did not	10 / 28		on deoth occurred an the date and ha	ur and from the causes stated
OR A e has DIREC oched Dept f Hem		ZIL SIGNATURE	The wine body over dealing	DEGREE		22c. DATE SIGNED
4 4 6 4		annop.	nan, M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/29/87
	1	THE PHYSCIAN'S NAME TON O	Peret)	22e ADDRESS		
TO HOSP retained I TO FUNE should be with the Simport A		Ann S.	Tran M.D.	Union Memo	orial Hospital	
		BURIAL, CREMATION, REMOVAL	236 DATE	231 NAME OF CEMETERY OR CREMATOR	CITY OF TOWN	COUNTY STATE
BP		BURIAL	11/3/1987	LOUDON PARK CE	M. BALTIMORE	MARYLAND
DHMH - 16 60M 7/B4		WUTTER FUI		RESS	ATE REC'D. BY REGISTRAR 256, REGIS	TRAR'S SIGNATURE
(VRA 15, 4)		OIGWYNNS FA	ILLS PKWY, B	ALTO, MD, 21216 N	10A 12 1381 .V	



(VRA 15, 4)

		1,	FOR STATE	DEPAI	RTMENT OF HEA	F MARYLAND LTH AND MENTAL HYG	in / 2	800	1
06881	5 DCT	16 8	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO		age .
1	74		ESTh.	MIDDLE	DOF	okin	20 DATE OF DEATH MON	DAY PEAR	440AM
la de la dela de	0.0	1. SE		4. RACE	5. DATE OF I		6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HR5
. 5	100	1	EMALE	Caucas:	IAN 12	07, 04	82	YRS	MIN.
	100	70.8	MARYLAND	76 CITIZEN OF WHAT COUNTE	2Y? 8	NEVER MARRIED	· Baltimore city or co	1.4.	MD.
514	4	12	Withour of death	1. NAME OF HOSPITAL, NUR (IF NOT INSUCH FACILITY, GIVE STR		. 0	120 HOUSEWIEEN		OME OR
24 hours	计划		ALRÉSIDENCE (IF NURSING I I III E OR STATE . DUN	OTHER INSTITUTION, GIVE RESIDENCE BEI TY 130 CITY OR TO	OWN 113	d. Inside City Limits?	13e.STREET ADDRESS OF	14 AMLEIGH I	RD. 21209
MARYL	1/13	F 10 1	THER'S NAME ISAAC XXXX	MIDDLE LAST ABI	15	FANNIE XX	MIDDLE MIDDLE	KATZ	Z
IMORE,	Poperti	16a \	VAS DECEASED EVER IN U.S. ARA		CURITY NO. 17	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	EL H. DOPREM	0 1 ->	IGH RD. #21209
IT. BALT	physical in papers moval	Г	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	y ane cause per line far (a), (b), BY: E CAUSE (a)	and ici	morary	anest		MATE INTERVAL
STON S	me corbo ion, or re rumetic	100	Canditions, if any, which	DUE TO, OR AS A CONSE	QUENCE OF LOCE!	OHACUS -	-SHUXI	- /	45
W PR	by the post remo		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS ACONSE	OUENCES F	HF I	Diabeter	1/	5
RDS, 20	Then ple to being njury, ar	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING 1	TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN FART 110	
A RECO	119	TIFICATION	190 DATE OF OPERATION	NIA	ICH OPERATION	WAS PERFORMED		DE IF YES, WERE FINDING CAUSES OF YES TO THE TRANSPORT OF	
OF VITA		AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CASE OF DEA	216 TIME OF INJURY	DAY YEAR	N/A	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART   ORPART 2)	
VISION G PHYS affecting	N Pun P	MEDIC	21d INJURY OCCURRED  WHILE VALUER ALL WORK	216 PLACE OF INJURY	FARM ETC )	II LOCATION STREET N	CITY OR TOWN	COUNTY	STATE
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	A Andrews		22a I certify that (1) (this hospit		/	18/ 19_	to		hat (1) we lost
A PATE	2 of E		aw the deceased alive on above () (we) (did wild as	view the body after death.	, and	that in (my) (my) opinion (	death occurred an the date		-
95 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	At Dig		SIGNATURE	Man	8 W	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	IDE DATES	10/12
A Hospital	A THE SECOND		REMINETH	ZONIESP	MD !	1777 Reis	TERSTOUN R	D PILES	VICLE
E.	2 2 24		BURIAL, CREMATION, REMOVAL			NETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP_	_	24.5	BURIAL UNERAL DIRECTOR SOL L	10-11-87 S	SHAARET	ZION CONG.	ROSEDALE	BALTO.	MD
	16 60M 7/84 A 15, 4)	1	6010 REISTERSTO	WN RD., BALTO.	, INC.	215	T 1 5 1987	Julia Devider.	Randoll



STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE / 2	8003
9 7 6 4 OCT 2	5,3	EASED NAME FIRST	as Albert	Porsey	wed. 10	2187 DOLA
oge 4 mo	3 SE	Male	Black  b. CITIZEN OF WHAT COUNTRY?	S. DATE OF BIRTH	BALTIMORE CITY OR COL	MONTHS DAYS HOURS MIN
er deoth. I		MARYLAND	II. NAME OF HOSPITAL, NURSIN	MARRIED NEVER MARRIED WIDOWED DIVORCED IG HOME OR OTHER INSTITUTION	BALTIMORE  120 USUAL OCCUPATION	CITY A
hours oft	USU/ 130 S	BALTIMORE  AL RESIDENCE (IF NURSING HOME OF COTATE 136 COUNT	(IF NOT IN SUCH FACILITY, GIVE STREET  OTHER INSTITUTION GIVE RESIDENCE BEFOR  TY 136. CITY OR TOW	HOSPI Fal	(TYPE OF WOPK FOR MOST OF WORK PAINTER  13. STREET ADDRESS / ZIP	CONTRACTOR
within 24 pletely filled a 2 should		Md THER'S NAME	Baltim DORSE	YES NO I	NNAME 5311 Den	More Ave 212 FISHER
Pog me		AS DECEASED EVER IN U.S. ARM		PRITY NO. 17 INFORMANT	ADDRESS	311 DENMORE AVE
certificate be				Subarachn	ed homorrhag	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
deoth ce murantic		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQU	ENCE OF Aheu,	Ysm	Unknown
ed by the please mind, criming, or other t		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	Typera	Eension_	many year
been signer mit. Then prior to buy	ATION	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RECATED TO THE		IF YES, WERE FINDINGS USED
The lo	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D	21c. HOW INJURY OF	YES NO NO COURRED (ENTER NATURE OF INJURY IN 111	ERTIFYING CAUSES OF DEATH? YES NO  EM 18 PART L OR PART 2)
PHYSIC fending this cer he burio and Ment	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (IF ETHER NOTIFY MEDICALEXAMINER) 21d INJURY OCCURRED  WHILE NOTIFY MEDICALEXAMINER)  WHILE NOTIFY CONTRIBUTIONS AT WORK	"	19 211 LOCATION	CITY OR TOWN	COUNTY STATE
R ATTENDING hospital or off hospital or off RECTOR: After the ded for use as the pit. of Health of the ded for the		220.1 certify that (1) (this hospite sow the deceosed alive on a obove, (1) (we) (did) (did not	ol) ottended the deceased from	, and that in (my) (our) op	, to, to	
the he house to DIRE		226 SIGNATURE  226 PHYSICIAN'S NAME (TYPE OR	SHah	DEGREE ATTENDI PHYSICI 1220 ADDRESS		221. DATE SIGNED
TO HOSPITAL (retained by the stool of the st	220 5		S. Hahr		Sing: H	uspital
BP		BURTAL JNERAL DIRECTOR	to too too	REST LAWN CEMETE	CITY OR TOWN	
DHMH - 16 60M 7/84 (VRA 15, 4)	I	EWIS T. GWYNN	4517 PARK HEIGH	TS AVE. 21215		lia Divideon Rendall

Sins Elect Versily while is 21 87 color AND AND ADDRESS OF THE PARTY. A Carlo sometimes to the later to the second The Mexicons Aute 11215 2 of 42 Carry Black in boats 5311 Dismost ave.

15.7 -- 1.2. 3.2.5

16810	O OCT -	1 -	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO	). ).	4 1 3
0010				RST	N	NDDIE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
9	deoth deoth	TIAME	OR PRINT) MINNI	B	(	NMN)	DO	YCHICH	OCT. 4	. 1987	4:45p M
moy	o Lo	3. SE	(	4. R.	ACE		5 DATE C		& AGE (IN YEARS LAST BIR		
4	s aft				I. De recenso		MONTH 5	9 1894	0.7	YRS	DAYS HOURS MIN.
Poge	die die	7a Bi	RTHPLACE   STATE OR FOREI	GN 76 C	WHTTE	VHAT COUNTRY	2 8		1 BALTIMORE CITY O		ATH
=	Z Z		OUNTRY)	/ 1	11 0	7	WIDOWE	DI DIVORCED	7.777		MD.
9	5 P	10 C	Hungary TY OR TOWN OF DEATH	§ 11.	NAME OF H			OR OTHER INSTITUTION	BATTO CT	ON 12b. 1	KIND OF BUSINESS OR USTR CLOTHING
- 1	2: 41	1	TETHORN	1	(IF NOT IN SUC	FACILITY, GIVE STRE	ET ADDRESS)		COOMETTICO	F WORKING LIFE) INDL	JSTRCIothing
27	1 6		LTIMORE AL RESIDENCE (IF NURSING)	HOME OR OTHE		T AGNES		PAL	Seamstress	Man	ufacturing
NO.	11 30	13a. S	TATE NO	COUNTY Balti		13c. CITY OR TO Rela	WN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 4807 Ruby	Avenue	21227
2	10 00	14/	THER'S NAME	MIDD	u.s	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST
MAN A	10/10	1/	Unknown	MIDD	· · ·	Garch	evo	UNKN			LASI
<b>a</b> 30	P 5 0		VAS DECEASED EVER IN L			166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRE	SS	
ALTIMORE	Pog and	1	NO NO OR UNKNOWN]	YES, GIVE WA	R OR DATES)	213-01	-2697	Helen Doychi	ch 4807 Rub	v Ave. 2	21227
ALTI	ð : ¥			nter anly a	ne cause per						APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
4			IS CAUSE OF DEATH (E PART I. DEATH WAS				Leur	atom Pail			
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PRESTON he d	mo notic troumotic		Conditions if any t	tut. (	DUE TO, OF	R AS A CONSEQ	UENCE OF	Picart Vu	enumia.		
m 0	and mot		Conditions, if any, will gave rise to immedi	ate	(p)						
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201 s th	D 0 0 0		DART 2 OTHER SICNIE	CANITICON	(c)	NITRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	AINIAI DISEASE OR CON	DITION CIVEN IN S	ADT 1
DS, 1	sign a bu	Z	PART Z. OTHER SIGNIFIE	CANTON	DITIONS CC	NI KIBUTING IC	DEATH BUT	NOT RECATED TO THE TERM	MINAL DISEASE OR CON	JITION GIVEN IN F	ARTIIO
RECORDS, 201	prior 1	CERTIFICATION	19a DATE OF OPERATION	v 1	19h CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE	FINDINGS USED
	3 9 9 8	18	DATE OF OFERMION		1,10 co.10.	nor row mile		. The car of the car		IN CERTIFYING C.	AUSES OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN: The	Short p	E .	71a. ACCIDENT WAS UNDERLY	ING 🗆	216 TIME O	FINIURY		21c. HOW INJURY OCCUR	YES NO NO	YES TO ORD	NO []
SION OF VII	ol Hy		OR CONTRIBUTING CAUS		HOUR A.			THE TIOM BUSINESS OF CECON	MED TEMPERATURE OF INSO	IT HATTEM TO PART TORP	AK1 2)
O N ON O	s certification of the service of th	MEDICAL	(IF EITHER NOTIFY MEDICALE	XAMINER)	P./ 21e PLACE C		19	211 LOCATION			
SION C PHYSIC ending	_ 0 /	MEC	21d. INJURY OCCURRED			DE INJUKT EET, FACTORY, OFFICE	FARM, ETC )	STREET	CITY OR TO	wn cou	INTY STATE
N 0 5	After 14 os the 11h and 10rked		AT WORK AT WORK								
Ž o	Ne A	F	22a. I certify that All) (thi		0.4/	4.4			7, to Oct-		3 • , that (we) last
Spirk	for afte		saw the deceased of obove, (1) (we) (did)	(i) (ot) via	ew the body	ofter death.	111-	nd that in (🍾) (aur) apinian	death occurred on the de		
P S S	Direct Period	.3.	226. SIGNATURE	CIA		^		DEGREE			. DATE SIGNED
A A			1000	TU	1	1_		ATTENDING PHYSICIAN [	MEDICAL STA	IAN	JCE 4 1987.
SPIT d by	FUNERAL old be det of the Stote	1	224 PHYSICIAN'S NAME	TYPE OF PRU	NT)			22e ADDRESS			
O P			6	. W	ט דוסי			900 S. CATO	N AVE. BAL	TO. MD, 2	1229
5 5	5 € ₹ ₹		BURIAL, CREMATION, REA	AOVAL 12	36. DATE	23:	NAME OF C	EMETERY OR CREMATORY	236. LOCATION		
BP.			Burial		10/8/8	37 T	oudon	Park Cemetery	Baltimore	COUNT	Maryland
	14 6044 1 /81	24 F	JNERAL DIRECTOR		10/0/0			Int. DA	TE REC'D. BY REGISTRAR		
	16 50M 1/B1 RA 15, 4)		ubbard Funer	al Ho	me Tr	ADDRESS	1471 1 bo	21229 ons Ave. OCT	06 1987		
		11	undia rullei	ar 110	Juic , 11	IC. 410/	MITIVE	IIS AVE. PUI	V 0 148/		

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Mary 1

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069	113 00	T 2t	FOR STATE GISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO	28502
			PECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
ě	poge 3	1	LARRI	1 D	DILEHER	10	11 87 345 06
NOE.	2.5	3. 5	EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
900	urs of	L	MALE	BLACK	01 31 39	48	YRS DATS HOURS MIN.
4	2 to di	ren.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
deo	hin 7		Paver Falls, PA	034	WIDOWED DIVORCED	67	TLT MD.
= last	by the i	7	BALT MO	IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	TYPE OF WORK FOR MOST OF	FWORKING LIFE) INDUSTRY
) 212 )	ld be f	US 13a	UAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e.STREET ADDRESS /	SNJ.CE
AN PO	Fill	2	MO	BALT BA	YES NO [	36.5.	PACA ST. 21201
MARYLA ed within	and 2 s	14.	FATHER'S NAME PIRST  DAS	MIDDLE DRET	15 MOTHER'S MAIDEN N	WIDDLE	Hice
	ond con oges 1	160	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) LIF YES, GI	VE WAR OR DATES) 211- 30-	JRITY NO. 17 INFORMANT MR	S. ADDRE	SBALTIMORE, MO HER 36 S. PACA ST
ALTII	Cion	*				MACSEDICE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., B	ng physic boolodp	1)	PARTI. DEATH WAS CAUSE	nly one couse per line for (0), (b), or ED BY: (TE CAUSE (0) CAVA	iac arrest	_	BETWEEN ONSET AND DEATH
O #	Des	1		DUE TO, OR AS A CONSEQU	ENCE OF A		
REST	he otter emove emofion, er froum		Conditions, if ony, which gove rise to immediate	(b) Drai	~ death		
W. P	by to see of the		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQU		relarhen	worker
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ING PHYSICIAN: The low requires that the death certificate be execu	signed hen pled o buriol jury, or	z	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART 110
PECORI Iow rec	s been prior t	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL The	sicion.	싀븵				YES NO	YES NO
OF VIT	certificate orial-transit ental Hygii Item 18 shq	-6	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2}
SION	ding ce buris Men or the	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
IVISI	the the	M	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	ARM, ETC ) STREET	CITY OR TO	VN COUNTY STATE
9	R. Afte	1	22a.1 certify that (1) (this hosp	oital) attended the deceased from_	Haly 1 19 81	e to prese	. 19, that (I) (we) lost
TI WELL	Spitol for u		sow the deceased alive or obove, (I)(we) (did (did no	ot) view the body ofter death	, and that in (my) (our) opinion		te and hour and from the causes stated
80	DIRECTION OF THE POSPING POSPIT OF THE POSPI		226. SIGNATURE		DEGREE		224. DATE SIGNED
			Brand a	Diomaer		MEDICAL STAF	10/11/87
HOSPITAL	TO FUNERAL should be determined by the Should be determined by the State IMPORTANT.		DRAD (TYPE	ROMMER	22e. ADDRESS 22 5. 6	reone St	BALT MA
2	Sho of sho	23a.	BURIAL, CREMATION, REMOVAL	23h DAY 23c	NAME OF CEMETERY OR CREMATORY	234 LOCATION	
1	BP	L	BURIAL	10/14/1987 GA	ARRISON FOREST VET.	Cem. B	ALTIMORE, MA.
DH	MH - 16 60M 7/84		THRUPRITER FO	UNERAL HOME	S, INC. BAD	LIFECT B RESERVAN	HE KESISHKAR'S SIGNATURE
	(VRA 15, 4)	12	SOI GWYNNS F	ALLS PRWY BAL	m. mn. 7/7/6	1001 01	- Simbon D. Las

13 05 TOO 6 1 1 2 3 0 Tetal samuel to mil. Act. Janes B. SATE SMOTH LIFE ALL DESCRIPTIONS SECURIOR SECTOR NOW SERVED INTO THE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2			-	
. 10	13			

0686660	1	FOR STATE PER TRAR		DEPART	CERTIFICATE				-0-1	14
	1. DI	CEASED NAME FIRST		WIDDLE	LAST		REG. N	O. MONTH DA	AY YEAR	26 HOUR
noy be poge 3	LIAN	JOHN	7	1	DRIGGERS			10 8	87	1700 M
pod .	3. SI		4 RACE	•	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER LYEAR	IF UNDER 24 HRS
off off	1	ale	White		October	14, 1913	73	YRS	ONTHS DAYS	HOURS MIN.
4 4 4	V .	IRTHPLACE (STATE OR FOREIGN	4.7	WHAT COUNTRY?	MARRIED IN	VER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
10 10 A	_	ennesse	U.S.A.		WIDOWED	DIVORCED [	BALTIMOR	E City	y	MD.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4	ALTIMORE CITY	(IF NOT IN SU	CH FACILITY, GIVE STREET	NG HOME OR OTHE ADDRESS) AL HOSPITA		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Mechanic		126 KIND OI INDUSTRY Truck I	Pepair
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ed within	4	ATHER'S NAME FIRST Driggins	WIDDLE	LAST		THER'S MAIDEN NA			LAST	
the second	16a	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		ORMANT	ADDRI	55		
Pog.	Ye	25 NO OR UNKNOWN) [IF YES, GI	(E WAR OR DATES)	250 28 5	5987 Ire	ne A. Dri	iggers 3613	Buena	Vista	Ave
physicic on popers emovol	1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per D BY: TE CAUSE (a)	Ce-clip	/	crest				MATE INTERVAL ONSET AND DEATH
that the death ce I by the attending ease remove corb of, cremotion, or it		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	(b)	DR AS A CONSEQUE	20 esp	ivet.un	preunonic		48	30
gne n pl	NO	PART 2 OTHER SIGNIFICANT	/-	7/	717	LATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 1:0	1
	CERTIFICATIO	19a DATE OF OPERATION /			7.3-05.3 OPERATION WAS F	PERFORMED	20a AUTOPSY?		WERE FINDIN	
CUAN. T		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A	DF INJURY M. MONTH DA	AY YEAR	OW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 21	
otherdon otherdon to the but to and Ma	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F		CATION STREET	CITY OR TO	wn	COUNTY	STATE
dTENDIN phol oc CTOR. At for one of 3 if Health		220 I certify that (1) (this hasp saw the deceased live ar above (1) well did had		1.	10/7	, 19 8 (my) our) opinion	deoth occurred on the d		ond from the	hor (1) we) last couses stated
At OR a the hor the board		226 SIGNATURE AND	10		DEGREE A.O.	ATTENDING PHYSICIAN [	MEDICAL STA		22c. DATE 5	SIGNED T
HOSPE Filmed by Filmed by Filmed by Filmed by Manual Band by Manua		27d PHYSICIAN'S NAME (14PE	O. Hal	(	220 AE	DORESS ME	MORTAL HOCK	TMAT		

23c NAME OF CEMETERY OR CREMATORY

Crest Lawn

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Burgee-Henss Funeral Home, Baltimore, Md.

23b. DATE

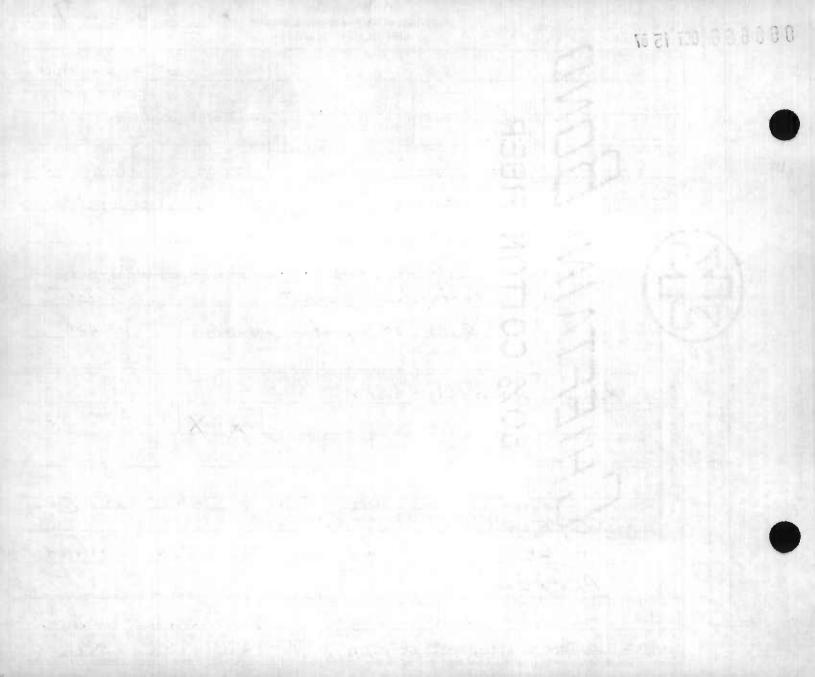
10-12-87

230 BURIAL, CREMATION, REMOVAL BURIAL

Sykesville, Carrol Co., Md.

Sykesville, Carrol Co., Md.

OCT 1 4 1987 Twiden Randale



422 OCT		FOR - STATE - REGISTRAR			STATE OF MARYLAND NT OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	GIENE REG. N	280	0 0
4 7 7 001		E OR PRINTS	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
y be		Mitche	17 M.		Driver		10 9 198	7
months.	3 SE		4 RACE	5	DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEA	R IF UNDER 24 HRS
ge 4		male	black		9 16 1905	82	YRS	S MIN.
eath. Pa		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT		MARRIED NEVER MARRIED VIDOWED DIVORCED	Baltimore city o	City	MD
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ithin 24 hours rely filled in b 2 should be fil	USU 130.	AL RESIDENCE (IF NURSING HOME OF STATE Md	R OTHER INSTITUTION, GIVE RI NTY 13c (		MISSION) 134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
P OF		Joshua	WIDDLE	Driver	Jennie	MIDDLE		LAST
s Col		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 S	SOCIAL SECURIT		ADDRE	Lem	OII
ond ond medic		(IF YES, GI	VE WAR OR DATES)		Rae E. Holde	n 1320 Pob	in Boad	
quire, not the death certific coped bythe other phy her bloom empre corbin po to but common or remon quiy, or other traumatic even	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	A CONSEQUENCE	fi recta	MINAL DISEASE OR CON	DITION GIVEN IN PART	1(0
hos ben on a	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION	FOR WHICH OF	PERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES []	OINGS USED ES OF DEATH?
4G PHYSICIAN TO otherding physicial for this certificate on the buriol-fronts is and Mental High rhed or tem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	. ALII	MONTH DAY	YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2	
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TO HOSPIT retorned by TO FUNER, should be d with the Stu		BURIAL, CREMATION, REMOVAL	23b. DATE	17 1 23c. NA	220 ADDRESS 17 CHIP	RTLBY 23d. LOCATION		POWA
BP		(SPECIFY) Burial	10/13/87		lawn Cemetery	Baltimo	re	Mª
DHMH - 16 60M 7/84		UNERAL DIRECTOR			25a. D	ATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	
(VRA 15, 4)	Wi	m. C. March F/H	West 4300	Wabash	Avenue 00	T 1 3 1987	Julia Dividion	· Pandace

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or other traumatic event, the

BP.

DHMH - 16 60M 7/1 (VRA 15, 4)

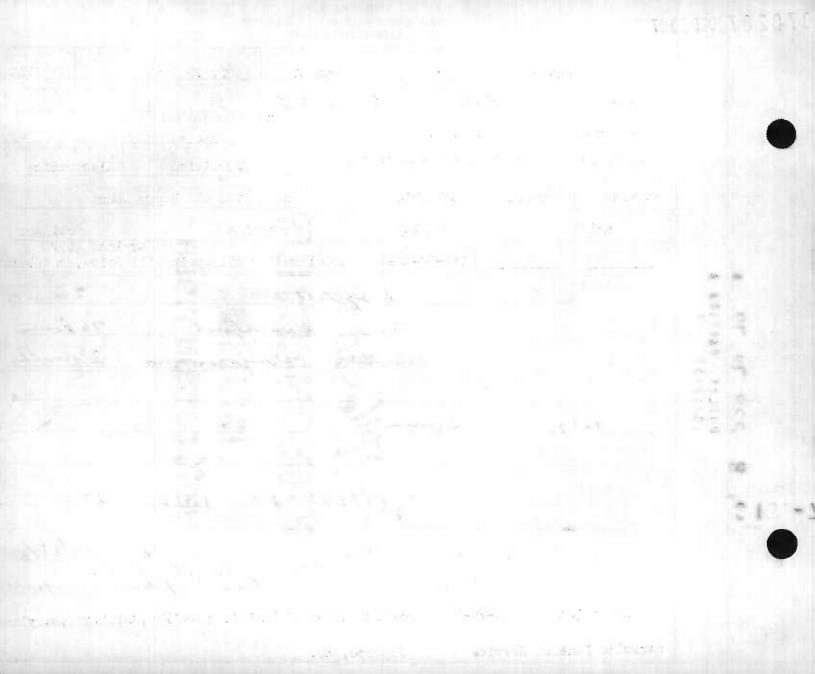
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

							REG. NO									
		FIR51	MIDDLE	(	AST		20 DATE OF DEATH	MONTH	DAY Y	EAR	2h HOUR					
		argaret	Gordon		oter		October		198	_	12:450					
SE)	X	4 RACE		5. DATE C		VE AD	6. AGE (IN YEARS LAST BIR	(HDAY)	MONTHS	DAYS	HOURS MIN.					
	Female	WI	rite	w8	27	123	64	YRS								
e Bil	RTHPLACE (STATE OR FOR	EIGN 76 CITIZEN	OF WHAT COUNTE	RY? 8	D NEVER A	AADDIED [	9 BALTIMORE CITY O	_	Y OF DEA	TH						
_	ennsylvania		S.A.	WIDOWE	D DI	VORCED K	Baltimo		ity		MD.					
	Baltimore	(IF NOT II)	OF HOSPITAL, NUR HENCHEACILITY, GIVESTI NUTCH HO	spital	OR OTHER INST	TITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST 9	F WORKING	HEL INDIA		me me					
13a. S	Md.	S HOME OF OTHER INSTITUT	13c. CITY OR TO Balti	OWN	13d INSIDE C	NO 🗌	517 South			St.	21224					
4 FA	Edward.	MIDDLE	Wilds			S MAIDEN NAM FIRST <b>ENNIE</b>	WIDDLE		Woo	od						
	VAS DECEASED EVER IN			ECURITY NO	17 INFORMA	INT	ADDRE	SS								
11	YES, NO OR YNKNOWN)	(IF YES, GIVE WAR OR DATE	192-18	-6934	Michael	el J. D	roter 517 S	er 517 S. Bouldin St. 21224								
	18 CAUSE OF DEATH	Enter anly ane cause	per line far (a), (b),	, and ice					BET	APPROXIM	NATE INTERVAL					
	PART I. DEATH WAS	S CAUSED BY: AMEDIATE CAUSE (o)	Card:	ioresp	irato	rv Ar	rest									
- 1	1/					101										
	DUE TO, OR AS A CONSEQUENCE OF															
	The second secon		01					Conditions, if any, which ( (b) Obesity								
		which ( 1b	Obes	sity												
	gave rise to imme	which diate	,				The same of									
		which diate the DUE TO	Obes													
	gave rise to imme- cause (a), stating underlying cause	which diate the last.	O, OR AS A CONSE	OUENCE OF	NOT DEL AVEC					A D. T. 1						
Z	gave rise to imme- cause (a), stating underlying cause	which diate the last.	O, OR AS A CONSE	OUENCE OF	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PA	ART Ito						
TION	gove rise to imme- couse (o), stating underlying couse  PART 2 OTHER SIGNIF	which diate the lost. DUE TO IC)	O, OR AS A CONSE	OUENCE OF			100									
ICATION	gave rise to imme- cause (a), stating underlying cause	which diate the lost. DUE TO IC)	O, OR AS A CONSE	OUENCE OF			INAL DISEASE OR CON	120b. 1F Y	ES. WERE I	FINDIN						
TIFICATION	gove rise to imme- couse (o), stating underlying couse  PART 2 OTHER SIGNIF	which diate the lost. DUE TO IC)	O, OR AS A CONSE	OUENCE OF			100	20b. IF Y	ES. WERE I	FINDIN	GS USED					
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ICAL CERTIFICATION	gove rise to imme couse IDI, stating underlying couse  PART 2 OTHER SIGNIF  190 DATE OF OPERATION  210 ACCIDENT WAS UNDER OR CONTRIBUTING CALL OF CALL	which diote the DUE TO LOST.  CICANT CONDITION:  DN 196 CO  REVING 216. TIM  USE OF DEATH  LEXAMINER)	O, OR AS A CONSEI S CONTRIBUTING: NOITION FOR WH AE OF INJURY A.M. MONTH P.M.	OUENCE OF	21c. HOW IN	DRMED	200 AUTOPSY? YES NOW	20b. IF Y IN CERT	ES, WERE F IFYING CA	FINDIN AUSES	GS USED OF DEATH?					
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Charles J. J. Lie E. L. January J. L. January J. M. 18 og M. Charles

STATE OF MARYLAND 07N0207 OCT 2 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME LAST 2n DATE OF DEATH 26 HOUR LITTE OR PRINTS OCT. 25,1987 BARBARA 11:57AM DUDLEY 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH DAYS HOUR5 MONT 1937 Female Black 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED New Jersey U. S. A. BALTIMORE CITY 12h KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE JOHNS CHOPKINS HOSPITAL Technician Electronics SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE Maryland 136 COUNTY Columbia 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Howard 5726 Old Buggy Court 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Josephine "Daniel MIDDLE Dudley MIDDLE Robinson ADDRESS Maryland 20770 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT LIE YES GIVE WAR OR DATEST (YES, NO OR UNKNOWN) 154-28-9217 Daniel Dudley 6013Springhill Drive, Greenbelt APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUF TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE O underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 28n AUTOPSY? 28h IF YES, WERE FINDINGS USED 9 IN CERTIFYING CAUSES OF DEATH? 0 3 mes 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN STEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM, EIC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on 10/25 abave, (I) (we) (did) (did nat) view the bady after death and that in (my) (our) apinian death occurred on the date and have and from the causes stated 22h SIGNATURE DEGREE 77r DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN | 22e ASOOS N. WOLFE 22d. PHYSICIAN'S NAME (TYPE OR PRINT) BALTO, MD. 21205 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY)Cremation 10-27-87 Westview Memorial Park Catonsville, Baltimgre Meryland 250 DATE RES DE Y 1984 RAPISSURE COMPANS SIC 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 ADDRESS Marzullo Funeral Service Upperco, MD. (VRA 15, 4)



			STATE OF MARYLAND	A.	/4
3 7 0 1 OCT 26	187FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIEND / 2	8011
	REGISTRAR			REG. NO.	
1	. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ay be	EDWARD	NMI	DULICK	10-	21-87 820 AM
3	3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ector irs offi	M	W	9 -6-1917	70 YRS	MONTHS DAYS HOURS MIN.
P 24	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
72	NEW JERSEY	1 USA	WIDOWED DIVORCED		CITY MD.
3 27	O CITY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
3	BALTIMORE M	DULINOT IN SUCH FACILITY, GIVE	Mary land	MECHANIC.	MACK TRUCK
	USUAL RESIDENCE (IF NURSING POR	NE OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 134 CITY OF		13e STREET ADDRESS / ZIP CO	4444
pluc sold	39		CASTLE YES IN NO	14173 WILLIAMS	
S. S.	H-FATHER'S NAME		15 MOTHER'S MAIDEN N	AME	, , , , , , , , , , , , , , , , ,
PEL	FIRST	MIDDLE		WIDDLE	LAST
8	JOHN 160 WAS DECEASED EVER IN U.S		SECURITY NO. 17 INFORMANT	ADDRESS	UNKNOWN
6 6	(YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)			
a E	No	- 175-7	2-0895 LILLIAN DU.	LICK 14173 WILL	MANSPORT PIKE
ape aval	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve		DIATE CAUSE (a) Cards 6	rascular willipse		45 minutes
or or		DUE TO, OR AS A CON	SEQUENCE OF		" L
flon	Conditions, if ony, which		imia		45 minutes
er fr	gave rise to immediate cause (a), stating the		SEQUENCE OF	0. / 6	
oth oth	underlying couse lost	1 10 2 Secon	1 ,	infection	
y. or		NT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION O	IVEN IN PART 11a
The The injury	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
Drio in	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
e be	Ĭ.				YES NO NO
	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM I	PART I OR PART 2)
197/	OR CONTRIBUTING CAUSE O	FUCAIR	H DAY YEAR		
3 6/	IF EITHER NOTIFY MEDICAL EXAM	21e PLACE OF INJURY	211. LOCATION	****	
e con	WOI WHILE	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
alth a		ospital) attended the deceased	from 10/29 19.87	10/21	19_87_ that (1) (we) last
He	saw the deceased aliv	. 1 % 1	100	n death accurred on the date and h	: mar (ir (a) tass
3 to 10	above, (1) (we) (did) (di 22b SIGNATURE	d nat) view the bady after death.		detailed on the date and the	
Dep F the	Di a		DEGREE	MEDICAL STAFF	22c DATE SIGNED
# P Z		SW NL	PHYSICIAN		10-51-81
ORTA S	22d PHYSICIAN'S NAME (1		270 ADDRESS DEPT	of Medicina	
8 + 8	KATHLEEN	A. DEVINE	22 S. breen	Steet DART, M	7 2/20/
no	23a. BURIAL, CREMATION, REMO	VAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
19	BURIAL	10/24/87	ST. JOSEPH'S CHURCH+		RRINE VILLE N.J.
July 1	24 FUNERAL DIRECTOR		21221 250. D	ATE REC'D BY REGISTRAR 256 REGI	STRAR'S SIGNATURE
VRA 15, 41	NAME	RINA 1001 EDG	RESS	CT 23 1987 Juli	Dividen-Readelle

tor, page 3 ofter death

FOR STATE REGISTRAR

FIRST

1. DECEASED NAME (TYPE OR PRINT)

DEPARTA	MENT OF H		RYLAND ND MENTAL HY OF DEATH	GIENÉ	REG	2 5. No.	8	5					
MIDDLE	ı	AST		20. DA	TE OF DEATH	H MONTH	DAY	YEAR	26 HOL	JR			
F.		DUND	ON	1	0/27	187		711					
F-38/CL GU	5. DATE C			6. AGE	(IN YEARS LAS	T BIRTHDAY)		DER I YEAR	IF UNDER	R 24 HRS			
	Jan.		1920 YEAR		67	YRS	MONI	HS DAYS	HOURS	MIN,			
F WHAT COUNTRY?	8 MARRIE	NEV	ER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH									
SA	WIDOWE	D	DIVORCED [		BALTIMORE								
F HOSPITAL, NURSIN	ADDRESS)		INSTITUTION	(TYPE C	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Secretary Medical								
N MEMORIAL		ITAL		1 3	Secretary Medical								
13c. CHY OR TOW Baltimor	N	13d. 1NS 10	DE CITY LIMITS?	31 Parliament Ct. 21212									
nd		15. MOTH	FIRST E1:	ME Lzabeth Webster									
? 166 SOCIAL SECU	RITY NO.	17 INFO	RMANT	ADDRESS									
217 10 2	449	Mr.	Bernard	н. І	Dundon	825	Len	ton A	ve.	-12			
er line for 10) at 100	W.	到.	***	LPU	Menzina	miA	1	AFFROST AETWEEN'S	MATE BUTES ONSET AND	DEATH			
OR AS A CONSEQUE	NCE OF	C .	ell 1	مبد	CA				131				
-			1	X	A								

		EMILY			DUNDON	10/27/9	37	- 1	7:157				
	3. SE		4. RACE	5. DATE (		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR IF UNDER 24 HRS					
	1	F	W	Jan.	6, 1920 YEAR	67	YRS	MONTHS DAYS HOURS MIN.					
7-		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CITY C		EATH					
2	1	Md.	USA	WIDOW		BALTIM			MD.				
4	1	LTIMORE CITY	(IF NOT IN SUCH FACIL	TAL, NURSING HOME ( ITY, GIVE STREET ADDRESS) MORIAL HOSP	OR OTHER INSTITUTION  OTTAL.	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Secretary	r BUSINESS OR Cal						
12	130. 5		OTHER INSTITUTION, GIVE RI	sidence before admission) ITY OR TOWN 1timore	13d. INSIDE CITY LIMITS? YES NO	31 Parlia	ZIP CODE		21212				
3	0	ATHER'S NAME FIRST Harry	Whayland	LAST	15. MOTHER'S MAIDEN NAME FIRST Eli	zabeth Webs	ster	LAST					
-	160 V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT	ADDRE	ESS						
2		YES, NO OR UNKNOWN) (IF YES, GIV	21	7 10 2449	Mr. Bernard	d H. Dundon 825 Lenton Ave12							
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line fo D BY: E CAUSE (a)	O A SA	SH - 100	Puerman	=A	APPROXIMA AETWEEN ON	TE PATERVAL SET AND DEATH				
		Canditions, il any, which gove rise to immediate couse (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF											
-	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	20b. IF YES, WER IN CERTIFYING YES	WERE FINDINGS USED /ING CAUSES OF DEATH?							
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)	YES NO PE			STATE							
	4	WHITE NOT WHITE AT WORK  220-1 certify that (1) (this haspit		osed from	/25, 19 8 7								
		saw the decased elive on the dote and hour and from the causes stated  The signature of the dote and hour and from the causes stated and hour and h											
		22d. PHYSICIAN'S NAME (TYPE OF	MILLER M.D.		PHYSICIAN [22e ADDRESS]	DRIAL HOSPI	1		1/07				
	23a B	URIAL, CREMATION, REMOVAL Cremation	23b. DATE 10/29/87		EMETERY OR CREMATORY Mount Cemeter	23d LOCATION		NTY	STATE				
		INERAL DIRECTOR ITCHELL-WIEDEFE	LD HOME, I	NC. 6500	York Rd. 250 DATE	CT 29 1987	25b. REGISTRAR'S	SIGNATUR					

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(VRA 15, 4)

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			CEASED NAME E OR PRINT)	FIRST		MIDI	DIE	i.	AST	1-1-24	20. DATE OF	KNOWN E	MONTH X	DAY	YEAR	26 HOUR
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	<b>新らまら居</b>	3.5E)	4.1	RACE	5. DATE		6. AGE (IN			NDER 24 HRS.	2c DATE	NCED	MONTH	DAY	YEAR	2d HOUR 8:35
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	の音品品	10. C	TY OR TOWN OF	DEATH			L, NURSING HOA		RINSTITUTION	12a. US	MAL OCCU	KING LIFE)	PE OF WORK	12b KIN	ND OF BU NDUSTI	ISINESS RY
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			18 CAUSE OF D	EATH (Enter onl H WAS CAUSED			o), (b), and (c).) Drowning	complica	ting sois	zura die	order			BETY	VEEN ONSE	T AND DEATH
PRESTON ST.	PERA VAL	7	9104	IMMEDIAT	TE CAUSI	E (0)			iting serz	2016 0130	order			+		
EST	NO AL		Conditions	if any, which		UE TO, OK AS A	CONSEQUENC	E OF								
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5	BAS JAN		lying cause			OLE TO, OR AS A	CONSEQUENCE	t Or						1		
	G. 528		PART 2 DENCE CICNII	CICANT CONDITIONS	CONTRIBUTION	(c)	DT RELATED TO THE TE	STATEMENT TO A COLUMN	OB CONDITION CIVE	N IN DART 1						
080	GSS TE	Z	TAKE 2 OTHER STORE	TERMI COMOTTONS	CONTRIBUTI	IND TO OCRITI BUT IN	DI MEENICO IO INC IC	AMINAL DISEASE	OK CONDITION BITCH	TIN PART 1 105						
REC	972335	1 8	19a DATE OF OI	PERATION	Ti-	9b. CONDITION	FOR WHICH OP	ERATION WA	AS PERFORMED?	?			The contract of	2D A	UTOPSY	?
TAL	A PERSON	CERTIFICATION													YES X	NO 🗆
5	ENT PER	= =	210 EXTERNAL	AUSE WAS		16. TIME OF INJU			W INJURY OCC	URRED LENTER	NATURE OF IN	JURY IN ITEM 1	B PART 1 OR PA		- A	
2	PECATE VOICE THE		UNDERLYING CONTRIBUTING	OR CAUSE OF I		HOUR A.M. MC	10-2 19		ubject dro	owned (b	athtub	)				
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5	ARDED ARDED AGE 3 S ATE DEF	¥	WHILE AT WORK	NOT WHILE		STREET, FACTORY, F	FARM, ETC.)		REET 6 Herndon	Court	Baltin	more Ci		VINU		STATE
	F32 E.01	176			A		d above, held an		_	pection .	Inquiry		and in my o			
	A HE SALE	N.		/ / /				Swicide .	Hamicide		etermined m		ond in my o	pinion		
	AN SECOND	1	death resulted	Iram: Notur	ra cause	7//1/	O .	ameide L	TITLE (SPECIF		elermine <b>u</b> m	dillier []				
	CAL EXA THE CERT SHOULD FRAL DIRE ATH, WIT		ACTUAL SIGNATURE	11/	ol	1.10			Assist		DICAL EVA	MINIED	DATE	En	10/	3/87
	AEDICAL E CUTE THE C E A SHOU UNERAL I R R DEATH, IMORE, M	7/				177				MC)	DICALLAA	VINVER	31014			
	TO MEDICAL EXAMINE DECUTE THE CERTIFICS PAGE 4 SHOULD BE FOUNDER TO FUNERAL DIRECTO TO FU	1	EXAMINER'S NA	ME Cha	arle	s P. Kók	kes, M.D	. ,	ADDRESS	ll Peni	n St.	, Balt	10., N	id.	2120	1
	524544	73a.0	-	ON, HEMOVAL Z	THE PATE	10.100	STAME OF C	EMETERY OF	CHEMATORY	A 134 L	OCATION TOWN	1	. 1	Pir .	0	All 22
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Spencer E. Sewell Prince Frederick, MD 20678

(VRA 15, 4)

STATE OF MARYLAND

Market Committee of the Committee of the

067	94	5 0	CT -		FOR STATE REGISTRAR			DEPAR	RTMENT OF H	E OF MARYLAND LEALTH AND MENT LICATE OF DEAT		ENE /	2 8	0 1	7
		0			FUOLD IAUME	FRST		MIDDLE		AST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	Pe Pe	deoth		(ITPE	DRESSIE		MUR	2RAY	DY:	DYSON		OCTOBER	4, 1987		11:46P M
	30%	0		3 SEX		4. 1	RACE		5. DATE			AGE (IN YEARS LAST B	RTHDAY) II	UNDER 1 YEAR	IF UNDER 24 HRS
	9e 4	200			FEMALE		BL	ACK	5	7 193	32	55	YRS		
	Pog	Poc	9 (		THPLACE (STATE OR FOR	EIGN 16	CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER MARRI	IED 🗆	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
-21	E S	224	5-0		LORIDA		U. S	. A.	WIDOW			BALTIMOR	E CITY	7	MD.
		with	9	10 CT	TY OR TOWN OF DEAT	11		HOSPITAL, NUR		OR OTHER INSTITUTI	ION	12a USUAL OCCUPA			F BUSINESS OR
5 X	行	à S	5,0	В	ALTIMORE			OHNS HOP		OSPITAL		-		_	
20	1	e a	الم وق	130 S	L RESIDENCE HE NURSIN	HOME OR OTH		13c. CITY OR TO		1134 INSIDE CITY LIV	MITS?	13e STREET ADDRESS	/ ZIP CODE	BALTIM	TORE, MO.
Q	24	plao	mucs		ARYLAND -			BALTIC		YES NO		3011 PIE	DMONT	AVE	NUE ZIZIO
W.	rightin	N N	- Inne		THER'S NAME	MID	Dif	LAST		15. MOTHER'S MAI	IDEN NAM	MIDDLE		LAS	ST.
MAR	P -	Pul	L C X O		MACK		TON	MUR	RRAV	DRESS	IE	O'NE			PHEN
E.	ecut		100		AS DECEASED EVER IN		D FORCES?	166 SOCIAL SE	CURITY NO.		nR.	*8	ALTIM	ORE,	mo.
OW O	ψ	Poge	Bed		NO.	(IF TES, GIVE W	AR ON DATES	220-24	4-1806	BERNETT	- A.	DYSON 3	OII PIE	OMON	TAVE,
ALT	ote b	pers.	age .		18 CAUSE OF DEATH PART I DEATH WA	Enter only o	one couse pe	r line for (a) (b),	and (c	- 1 .	4	1		BETWEEN	MATE INTERVAL ONSET AND DEATH
E.	tifico	n po	ven		PART I DEATH WA	S CAUSED B	CAUSE (o)	Cerclie	nesp	rectory	a	rest		1-	-3 MM
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DIVISION OF VITAL	PHYSIC	W P	ö	MEDICAL	714. ≫UURY OCCURRE			OF INJURY	CE FARM ETC I	THE LOCATION		CITY ON	10WH	COUNTY	STAYE.
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